CITY OF LIVERPOOL

EDUCATION COMMITTEE

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1962

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H., Q.H.P.

Principal School Medical Officer

CITY OF LIVERPOOL

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Principal School Medical Officer

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STAFF

Principal School Medical Officer

PROFESSOR ANDREW B. SEMPLE, V.R.D., M.D., D.P.H., Q.H.P.
(*also Medical Officer of Health*)

Deputy Principal School Medical Officer

G. S. ROBERTSON, M.D., L.R.C.P., L.R.C.S., L.R.F.P. & S.

Senior School Medical Officer

A. M. BROWN, M.B., Ch.B., D.P.H.

Whole-time School Medical Officers

MURIEL C. ANDREWS, M.B., Ch.B., D.C.H., D.P.H.

CYNTHIA J. BLADON, M.B., Ch.B., D.P.H.

R. BURNS, L.R.C.P., L.R.C.S., L.R.F.P.S.

EILEEN J. BUSHBY, M.B., B.Ch., B.A.O., D.C.H.

JEAN O. R. CARMICHAEL, M.B., Ch.B., D.P.H. (*Resigned* 30.9.62).

G. CHANDY, B.A., L.C.P.S., L.M.S.S.A., D.T.M.H., D.P.H. (*From* 1.8.62).

CATHERINE S. ELLAMS, M.B., Ch.B., D.P.H.

M. GODWIN, M.B., Ch.B.

PAMELA P. GRIFFITH, L.R.C.P. & S., L.R.F.P. & S.

WALTER S. HALL, M.R.C.S., L.R.C.P.

GRACE E. MCCONKEY, M.B., Ch.B., B.A.O., D.C.H.

L. P. MOORE, M.A., M.R.C.S., L.R.C.P., F.R.Econ.S., A.C.I.S., A.C.I.I. (*Resigned* 31.12.62).

JEAN D. PHILLIPS, M.B., Ch.B.

JUNE PHILLIPS, M.B., Ch.B., D.P.H.

LESLIE G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H. (*Resigned* 30.6.62).

FLORA S. QUIN, M.B., Ch.B.

IRENE W. SIMPSON, M.B., Ch.B., D.P.H. (*Resigned* 31.12.62).

JAMES C. TAYLOR, M.D., D.P.H.

MARGHERITA N. WALDEN, M.B., B.S.

Part-time School Medical Officers

MARGARET C. BLACK, M.B., Ch.B., D.Obst., R.C.O.G.

ELIZABETH P. DUNCAN, M.B., Ch.B., D.C.H. (*Resigned* 25.7.62)

Principal School Dental Officer

L. C. WINSTANLEY, T.D., L.D.S.

Whole-time School Dental Officers

ANNETTE M. BEACH, L.D.S.

A. K. BHATTACHARYYA, L.D.S., R.C.S. (*From* 3.9.62).

SAU CHAN CHONG, B.D.S. (*From* 5.11.62).

BARBARA CUNNINGHAM, L.D.S.

N. KEARNEY, B.D.S., N.U.I.

ANGELA F. J. LIPMAN, B.D.S. (*From* 14.5.62).

ALICE J. LLOYD, L.D.S., R.F.P.S.

J. F. MORGAN.

J. E. A. PARRY, B.D.S. (*From* 30.4.62 *to* 31.8.62).

W. F. WREN, B.D.S.

Part-time Dental Officers

Frank Bal.
G. S. Ball, L.D.S.
J. P. Blacoe, L.D.S.
H. J. Burne-Jones, L.D.S.
Vincent A. Connor, L.D.S., R.C.S.
Joan A. Cowley, B.D.S. (*Resigned* 24.8.62)
Peter R. W. Coyle, L.D.S. (*From* 7.5.62).
Maureen Dunn, L.D.S. (*Resigned* 9.11.62).
Zillah A. Fairhurst, L.D.S., R.C.S.(Eng.).
Michaël Gould, L.D.S., R.C.S. (*From* 9.6.62).
William T. Grosart, L.D.S.
D. Habibollahi, L.D.S., R.C.S. (*From* 13.6.62 *to* 21.12.62).
Jane S. Homfray, L.D.S.
J. M. D. Macauley, L.D.S., R.C.S.
Geoffrey M. Y. Marks, L.D.S., R.C.S.(Eng.) (*Resigned* 23.5.62).
J. S. O'Brien, L.D.S.
Nathaniel O. Ogundipe, L.D.S. (*Resigned* 13.3.62)
F. Patton.
Francis Powell, L.D.S., R.C.S.
Irving Shapiro, B.D.S. (*From* 31.10.62).
L. Turner.
Elizabeth M. Walsh, L.D.S. (*From* 9.4.62).
Norman O. Watchman, L.D.S.
Doreen F. Wilson, L.D.S.

Dental Hygienist

Elizabeth W. Evans.

Psychologists

A. P. Neill, B.A.
Stella M. Ley, B.A.
P. H. Sedgwick, M.A.

Social Workers

Brian P. Gibson, B.Sc.
Joyce W. Lloyd, Soc. Sc. Cert.
Anne Walpole, B.A.

Senior Speech Therapist

W. G. Good, L.C.S.T.

Speech Therapists

Hilary M. Allen, L.C.S.T. (*Resigned* 31.7.62).

Mair Humphreys, L.C.S.T. (*Resigned* 31.12.62).

Janet M. Jones, L.C.S.T.

Part-time Speech Therapist

Ann Park, L.C.S.T. (*From* 12.9.62)

Superintendent Physiotherapist

Stanley Rubin, J.P., M.C.S.P.

Part-time Physiotherapists

Margery Clarkson, B.Sc., Dipl. Ed., M.C.S.P.

J. Kirkby, M.C.S.P.

Part-time Specialist Officers

Oculists.

J. Berkson, M.B., Ch.B., D.A., D.O.M.S.

David Black, M.B., B.Ch., B.A.O., D.O.M.S. (Also Visiting Oculist for Partially-sighted Children).

A. V. Clemmey, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., M.M.S.A., D.O.M.S. (*Resigned* 31.1.62).

Edwin H. L. Cook, M.B., Ch.B., L.R.C.P., D.O.M.S., F.R.C.S.

Fred Dexter, L.M.S.S.A. (*From* 2.4.62).

Norman F. Donaldson, M.B., B.Ch., B.A.O.

John D. E. Edwards, M.B., Ch.B., D.O.M.S. R.C.P.S.I. (*Resigned* 18.5.62).

Rhona A. Reid, M.A., M.B., Ch.B., D.O.

Henry M. Rose, M.R.C.S., L.R.C.P., D.O. (*From* 16.1.62).

H. Benedict Smith, M.B., B.Ch., B.A.O., M.Ch.(Ophth.), D.O.M.S.

Orthopaedic Surgeons.

H. G. A. Almond, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

F. C. Dwyer, M.B., Ch.B., M.Ch.(Orth), F.R.C.S.

A. G. O'Malley, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

G. L. Shatwell, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

Paediatric Consultant.

Professor John D. Hay, M.A., M.D., F.R.C.P., M.R.C.S., D.C.H.

Consultant Neurologist.

J. Rees Roberts, M.D., M.R.C.P.

Paediatric Consultant at Greenbank and Sandfield Park Schools (*Spastic Units*).

R. L. J. S. Derham, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H

Psychiatrists.

H. S. Bryan, M.R.C.S., L.R.C.P. (*Retired* 25.6.62).
F. Hopkins, M.D., B.Ch., B.A.O.
Hugh F. Jarvie, B.Sc., M.D., D.P.M., D.P.H.
Ivan Leveson, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M.
Philip Pinkerton, M.D., Ch.B., D.P.M.

Aurists.

Robert Pracy, M.B., B.S., F.R.C.S., L.R.C.P.
I. A. Tumarkin, M.B., Ch.B., F.R.C.S., D.L.O. (*Resigned* 31.10.62).
H. Zalin, F.R.C.S.E. (*From* 1.11.62).

Anaesthetists.

George R. Hopper, L.M.S.S.A. (London), F.F.A., R.C.S.
George McLoughlin, M.D., Ch.B., D.P.H., M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A.
T. Patrick Murray, L.R.C.P. & S., D.A., F.F.A.R.C.S.E.

School Nurses, etc.

Superintendent: Miss M. Snoddon, S.R.N., S.C.M., H.V.Cert. (*Retired* 27.12.62).
Miss W. K. Poole, S.R.N., S.C.M., H.V.Cert. (*From* 28.12.62).

Deputy Superintendent: Miss W. K. Poole, S.R.N., S.C.M., H.V.Cert. (To 27.12.62).

Administration

Chief Assistant: A. McCallum (*Retired* 18.2.62).
E. C. Colvin (*From* 1.7.62).

Senior Assistant: E. C. Colvin (*To* 30.6.62).
J. Johnson, D.P.A. (*From* 1.9.62).

CITY OF LIVERPOOL

EDUCATION COMMITTEE

REPORT of the PRINCIPAL SCHOOL MEDICAL OFFICER for the Year ended 31st December, 1962.

INTRODUCTION

Staff

It is a pleasure to report that Dr. James C. Taylor, M.B., Ch.B., D.P.H., during the year was awarded an M.D. by the University of Liverpool and that his Thesis was based upon research associated with his work as a school medical officer.

Two senior members with long terms of service retired during the year. Miss Margaret Snoddon, the Superintendent School Nurse, joined the Corporation staff in July, 1929, and when a special staff was created for purely school medical work in July, 1932, she was transferred to this branch. In July, 1947, she succeeded Miss Nickson as Superintendent School Nurse.

The other retiring member was Mr. Alfred McCallum. He joined the Education Department as a junior clerk in March, 1913, and transferred to the "Medical" department in March, 1915. He was made Deputy Chief Clerk in April, 1955, and Chief Administrative Assistant in December, 1956. It is reported with regret that shortly after he retired he became seriously ill and died on the 27th April, 1962.

A notable addition to the staff was the appointment of Dr. John Rees Roberts as Consultant Neurologist as from 9th March, 1962, to take charge of the newly created clinic for epileptic children. In the nine months since its inception this clinic has amply demonstrated its value.

General Conditions

In the last Annual Report, mention was made of an investigation in which the School Health Service was participating, at the request of the Ministry, regarding the quality of diet as reflected in the growth of children. Statistics for two years are now available and in every instance

this reflects that the growth of children, as measured by height and weight, is less in larger families. For example, in the case of fourteen-year-old girls where there is only one in the family, the average weight is 112·2 lbs., whereas in the case of fourteen-year-old girls with three or more brothers or sisters, the average weight is 107·22 lbs. The comparable figures for fourteen-year-old boys is 113·57 and 104·57 lbs. In regard to height, the figures show that in this same age group girls are one-half inch taller and boys one-and-a-half inches taller when only children. These findings reflect the economic factor that first-class protein foods which are so essential for growth are, in general, the most expensive foods.

Heart Clinic

The value of this clinic is now firmly established. By the help of this clinic we have now arrived at the stage where we feel confident that the ascertainment of heart disability amongst school children is now very complete. This benefit is not limited to the fact that by such ascertainment all such children are being properly treated but of equal benefit is the fact that, through correct diagnosis, children are not wrongly classified as cases of suspected heart disease, thus avoiding unnecessary restrictions being placed upon their activities.

Dental Health

At the request of the Ministries of Health and Education the Authority is taking part in an experiment to discover what can be accomplished by intensive dental health education. Two groups of schools have been chosen for this experiment. In the first group the schools staffs have undertaken to give special emphasis to this work. Meetings have been held with the staffs of these schools and they are being supplied with special literature, posters, etc., to aid in this work. The plan envisages that the actual teaching is left to the school staffs. The second group is to act as a control in so much as no special efforts are being made beyond that which normally occurs in the school programme. Careful assessment has been made of the condition of the teeth of the children in both of these groups by Mr. D. H. Goose, M.B.S., B.Sc., Senior Lecturer in Preventive Dentistry at the University of Liverpool. It is proposed at the end of three years to do a re-assessment and to compare the results of these two groups with the present findings.

Orthopaedic Clinics

This Authority has the great advantage that Liverpool has been famous for its orthopaedic treatment for a very long period and not unnaturally one of the first types of special treatment which the Authority provided was that for orthopaedic defects. Although defects of a very severe

nature are now seldom seen amongst school children the early discovery and correction of disabilities is very important, and it is, therefore, interesting to read Mr. Dwyer's report on his evaluation of the Authority's Orthopaedic Clinics.

Infestation

There is still some misunderstanding in regard to this problem. If the school population of Liverpool is to be freed from verminous infestation the standard of cleanliness in this regard must be complete cleanliness Even a single child with a few nits can be a source of widespread infestation in a very short period. Therefore, efforts in a school must continue as long as infestation continues to be found in that school. With infestation in the community, even although a school is declared clean, surveys must be carried out from time to time. Other misconceptions amongst secondary schools are that some schools are excluded because of their relative status and that senior children should be exempt. All schools and children of whatever age must be included in the scheme of inspections.

Child Guidance

Included in the report upon the work of the Child Guidance Centre there is a very full and interesting analysis of the work carried out at the request of the Juvenile Court and to those interested in juvenile delinquency it contains much useful information. Since, because of the shortage of suitable personnel, the work of child guidance is of necessity restricted, it is of the utmost importance that the time of the staff be properly utilised. Attention is drawn, therefore, to the information in the latter part of this report which shows that in a considerable number of the cases referred from the Court for special examination the advice of the psychiatrist was not accepted and, secondly, in a number of cases there was no adequate reason for a psychiatric investigation. In the latter group the cases were mainly associated with educational subnormality. A much better arrangement would be to remand these children for a further medical opinion and in the appropriate cases children would then be referred to the Child Guidance Centre.

Valuable help continues to be received from the Notre Dame Child Guidance Clinic. In the report which has been received from this Clinic there is a very interesting description of "case-work".

Reports of Heads of special schools

A perusal of the extracts from the reports submitted by Heads of special schools will illustrate the very many problems with which the staff are confronted and the evident willing manner in which much extra work is done on behalf of these children.

Partially Deaf Children

The importance of finding children with hearing defects very early in life cannot be over-stressed. The table in the body of this Report indicates that we are still not finding all these children sufficiently early. The expectation in Liverpool is that there should be in the region of ten children in each birth group where this type of early ascertainment can be of paramount importance. The table shows that in the first two years of life we have only ascertained three such children. In the two-to-four year group the situation becomes very much better in so much as we have ascertained twelve of these children.

Delicate Pupils

In his report, Mr. McMenamin, the Headmaster of Underlea Open-Air School, describes the educational difficulties associated with the poor attendance of some of the children in this school. Dr. June Phillips' description of the wide range of the physical defects from which these children suffer also indicates just how handicapped the children are in such schools. It would appear to be an underestimate of the needs of this category to have as many as thirty pupils per class.

Physically Handicapped Pupils

Recent advances in child surgery, associated with the controlling of infections by drugs now available, have resulted in a greater number of severely handicapped children than probably were ever before seen in schools for this type of child. As pointed out by Mrs. Fairhurst, the Headmistress of Sandfield Park School, there are many children in this group who have the double handicap of being mentally dull as well as physically handicapped.

Educationally Sub-normal Pupils

The provision for these children in Liverpool is now becoming very satisfactory and in the near future places will be available without children remaining upon the waiting list for any considerable period. The aim of ascertaining all children who will need this special form of education at about eight years of age is nearing fulfilment.

The problem still remains of preventing many of these children ever coming within this category. Plans which are being made to introduce a Schools Psychological Service will help to achieve this aim.

Boarding Special Schools

There remains much misunderstanding as to the best use which can be made of the places in these schools. Experience shows that to take children into these schools simply because of an unsuitable home environment, without being in any way able to alter this environment, is a mistake. To keep children in such a school until they reach sixteen years of age and then return them to an unsuitable home is probably more detrimental to their future welfare than if they had never been removed.

This, of course, is particularly true in regard to the group of educationally sub-normal pupils.

The description of the efforts made to develop the full potentials of these boys and the very encouraging results, illustrates the wisdom of such provision and its proper use for educational purposes.

Physical Education in Special Schools

As reported in previous reports much attention is being given to the question of physical education in the schools for handicapped pupils. Probably no change which has taken place in say, the last ten years, has proven more useful to these children than the ever increasing amount of physical education given. Whereas success depends largely upon the efforts of the school staffs, the guidance of Miss Gee and her staff has been invaluable. As stated by Miss Gee in her report, there can be no doubt that a further expansion of this service would be fully justified.

Co-operation with Head Teachers

The accommodation for carrying out the School Health Service work in schools is varied. At the best it is practically ideal; an adequately sized room and well lighted. At the worst it may be a dimly lighted corner of a cloakroom. The lack of provision in many schools is, however, ameliorated by the goodwill of the head teachers putting accommodation at the disposal of the doctors and nurses. This action on the part of the head teachers is not only very much appreciated by the School Health staff but obviously leads to much better work being done.

The part a School Health Service plays in relation to the health of the ordinary school child is not always appreciated. From its inception, up until the end of the thirties, the Service was mainly concerned with the finding of disabilities and their treatment. The general level of children's health was much inferior to that which exists today and, consequently, the frequency of these disabilities was very considerable. With improving general health and the advance in medicine many of these conditions, which occupied much of the time of the Service, have now disappeared or are to a large extent, provided for under the National Health Service. Better than curing illness is to promote the health of mind and body so that not only do disabilities not occur but the individual reaches that state of health which enables him to lead a full and enjoyable life. It is in this latter field that the School Health Service has so much to contribute.

That this changing approach is not less important is evidenced by the fact that in the last thirty years the number and range of medical specialists have been doubled. In addition, the range and numbers of

non-medical specialists have been much increased. The wide variety of specialists' facilities provided by the Committee is not sufficiently known. The provision of the more modern clinics where consultations can take place in a suitable atmosphere has greatly added to the success of this work.

It is now commonly advocated that the school doctor and nurse should be in frequent contact with the schools for which they are responsible so that minor deviations from normal health can be assessed and corrected at an early stage. The plan which is being followed in Liverpool is for the nurse to visit each of her schools at least once weekly and for the doctor to visit twice yearly. The nurse does, of course, frequently bring to the attention of the doctor any children needing attention and they are seen at the area clinic where the doctor holds sessions. Dr. Taylor has contributed a description of the work of these clinics.

It is not sufficiently appreciated that school nurses are predominantly interested in social problems associated with medicine. As a result of this misconception, from time to time, cases come to light where serious problems have existed over a prolonged period and although known to the head teacher have not been brought to the attention of the school nurse.

I would like to thank all the members of the staff of the School Health Service for their hard work and loyalty during the year. There is little drama in the School Health Service but the dividend in health is inestimable. This report shows the work that goes on day in day out, and is, of course, that of an integrated team.

I would also like to thank the Chairman of the School Health Service Sub-Committee, Mrs. T. Norton, for her constant help during the year, and I would take this opportunity of expressing my thanks to the members of the School Health Service Sub-Committee and the Education Committee for the courtesy they have shown in considering the recommendations put before them during the year.

Andrew B. Semple

Principal School Medical Officer.

GENERAL CONDITION

In the table relating to the children's physical condition only 366 out of a total of 52,601 examined were considered unsatisfactory, giving a percentage of 0·7 as compared with 0·97 for the previous year. In general these figures reflect a relatively satisfactory state. However, as mentioned in the introduction to last year's Report, a survey to assess the adequacy of protein in the diet shows that many children in larger families are not receiving sufficient to meet their needs as reflected in growth.

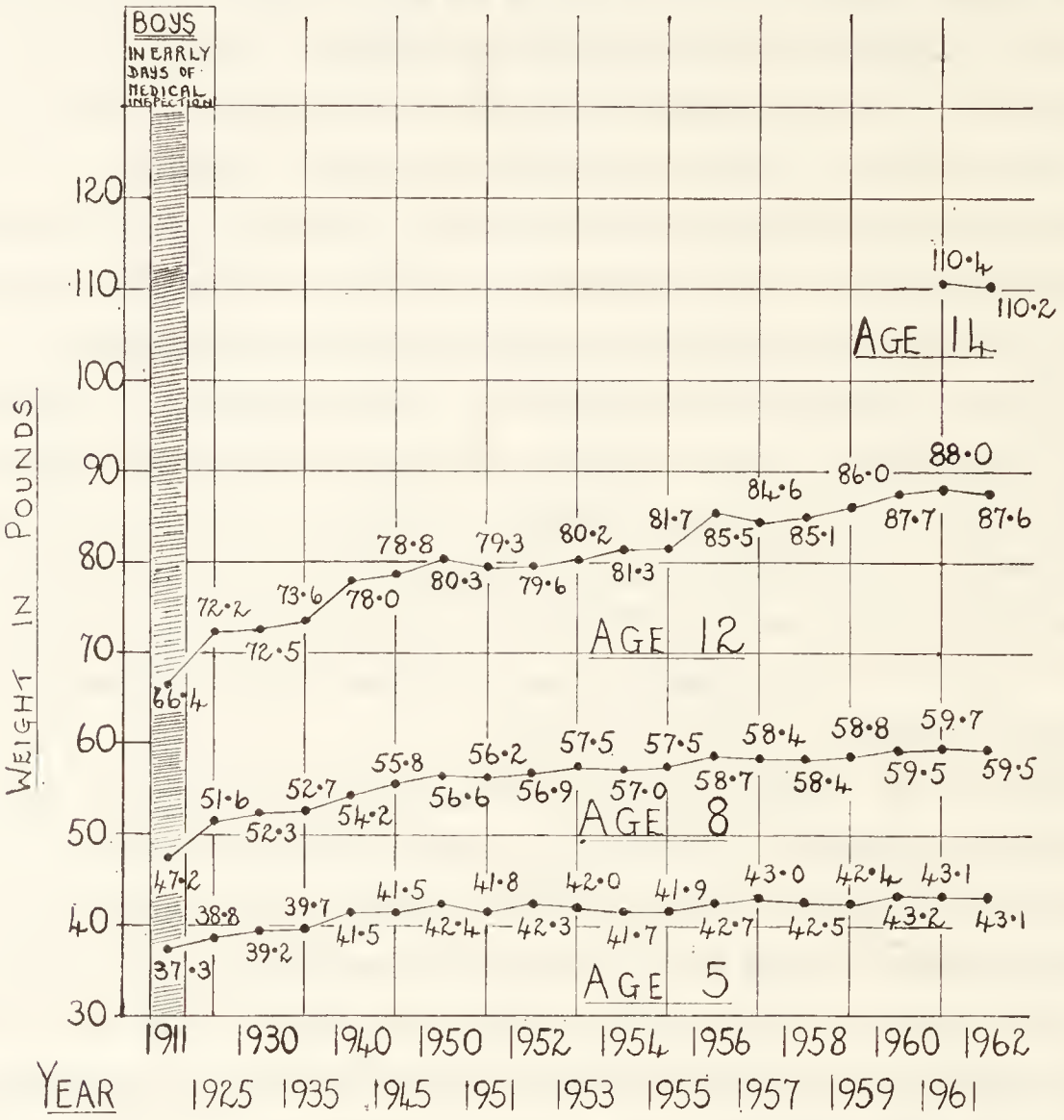
Dr. Burns, a School Medical Officer, after recording the difficulty in persuading parents of young children of the advisability of their partaking of school meals, then states: "Obesity continues to be noted more often than it should. It is difficult to persuade a child to restrict his diet unless one can impress his parent first with the need to do so. Many of these children have two main meals—one at school and another at home in the evening with the rest of the family".

In regard to the possible effect of the unemployment of the father upon the nutrition of children, Dr. Black, a School Medical Officer, comments : "I was quite surprised to find mothers stating that the father was employed whereas, in actual fact, he had been unemployed for some months. They seem to have a great deal of pride and do not want it to be known that the father is unemployed and, in many cases, application for free meals has not been made".

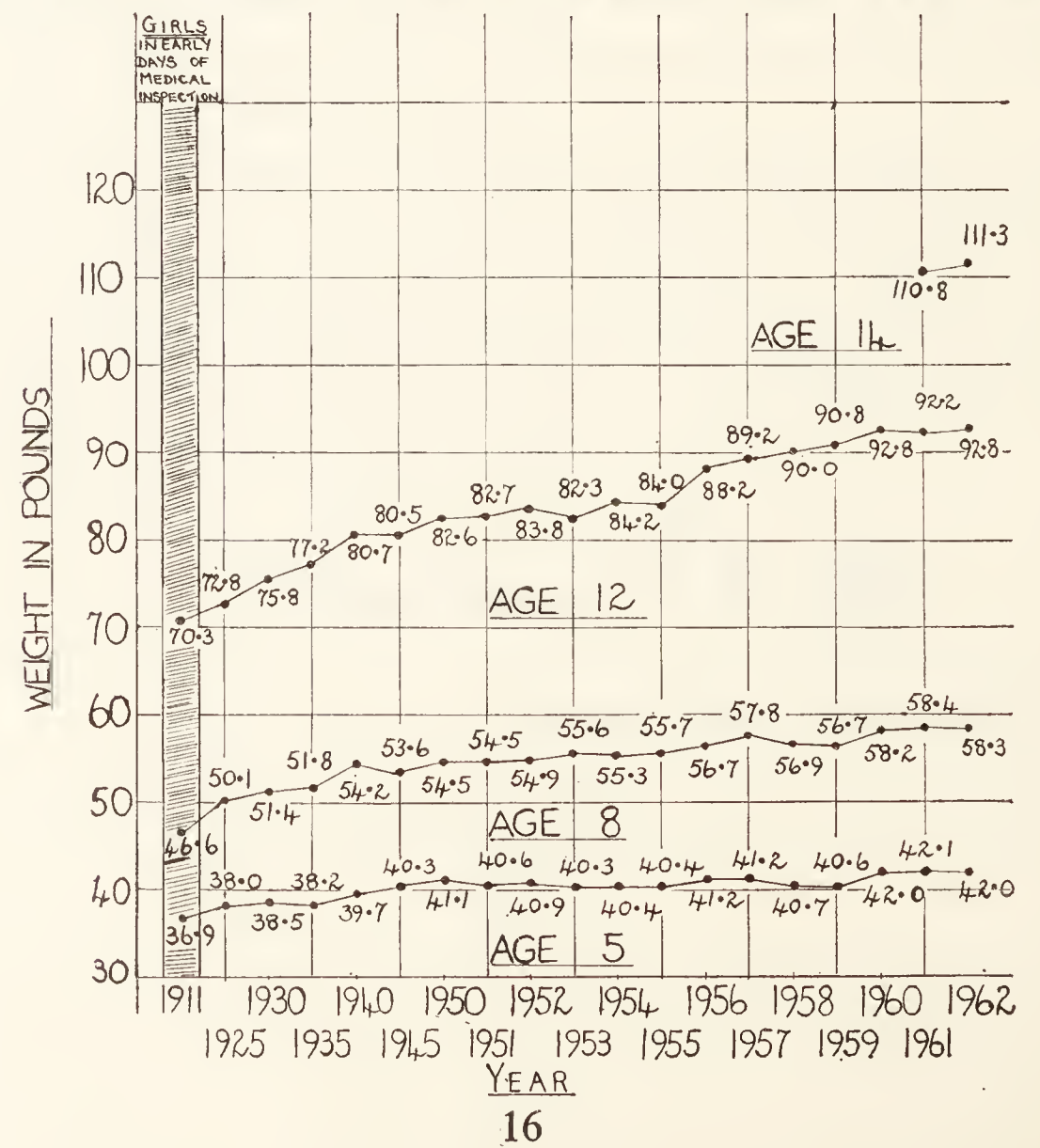
Comparative Heights and Weights.

The heights and weights of the children in the selected groups of schools representing "Good", "Fair" and "Poor" districts are shown in the following graphs :—

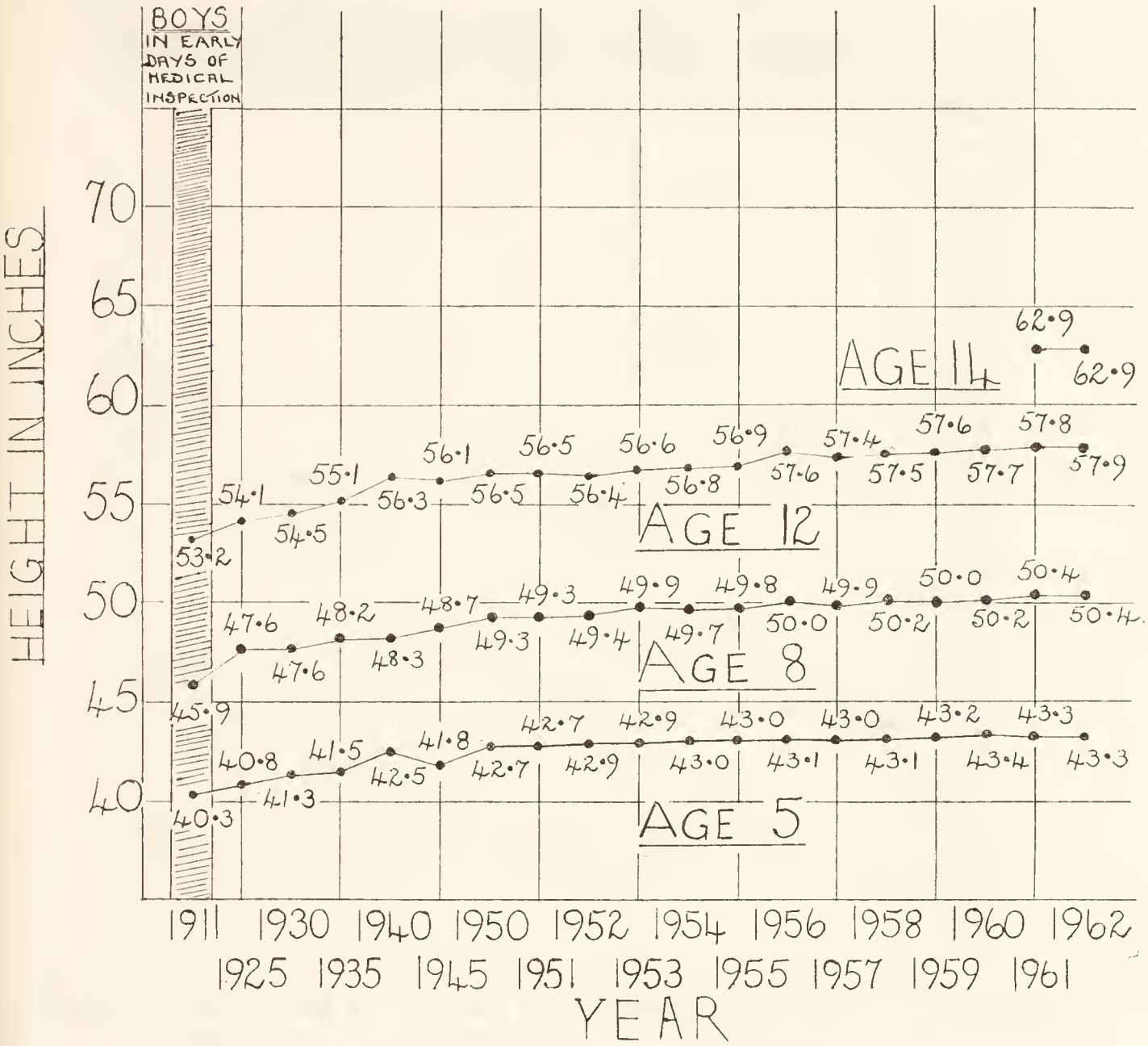
Comparative Average WEIGHTS of BOYS, Ages 5, 8, 12 and 14.



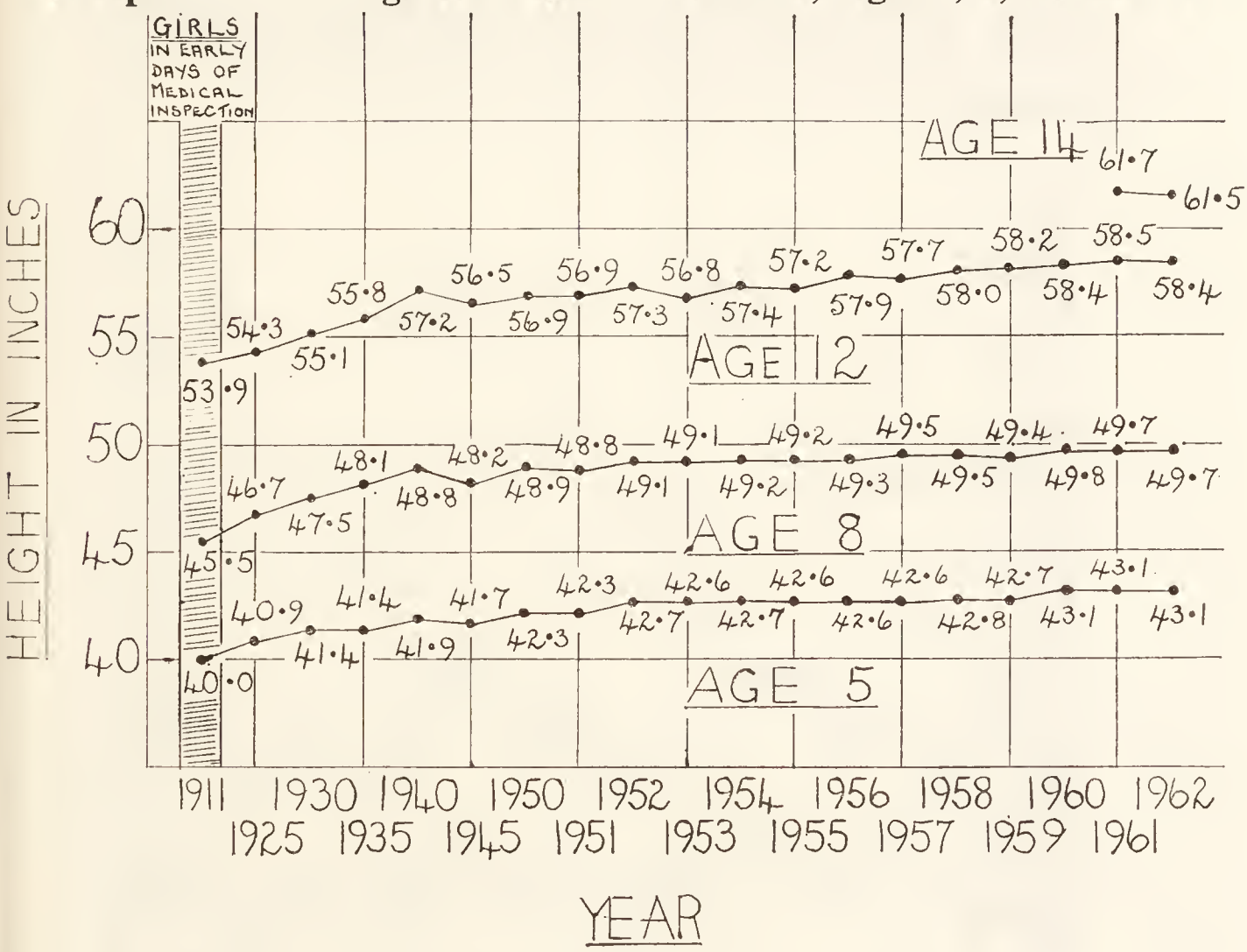
Comparative Average WEIGHTS of GIRLS, Ages 5, 8, 12 and 14.



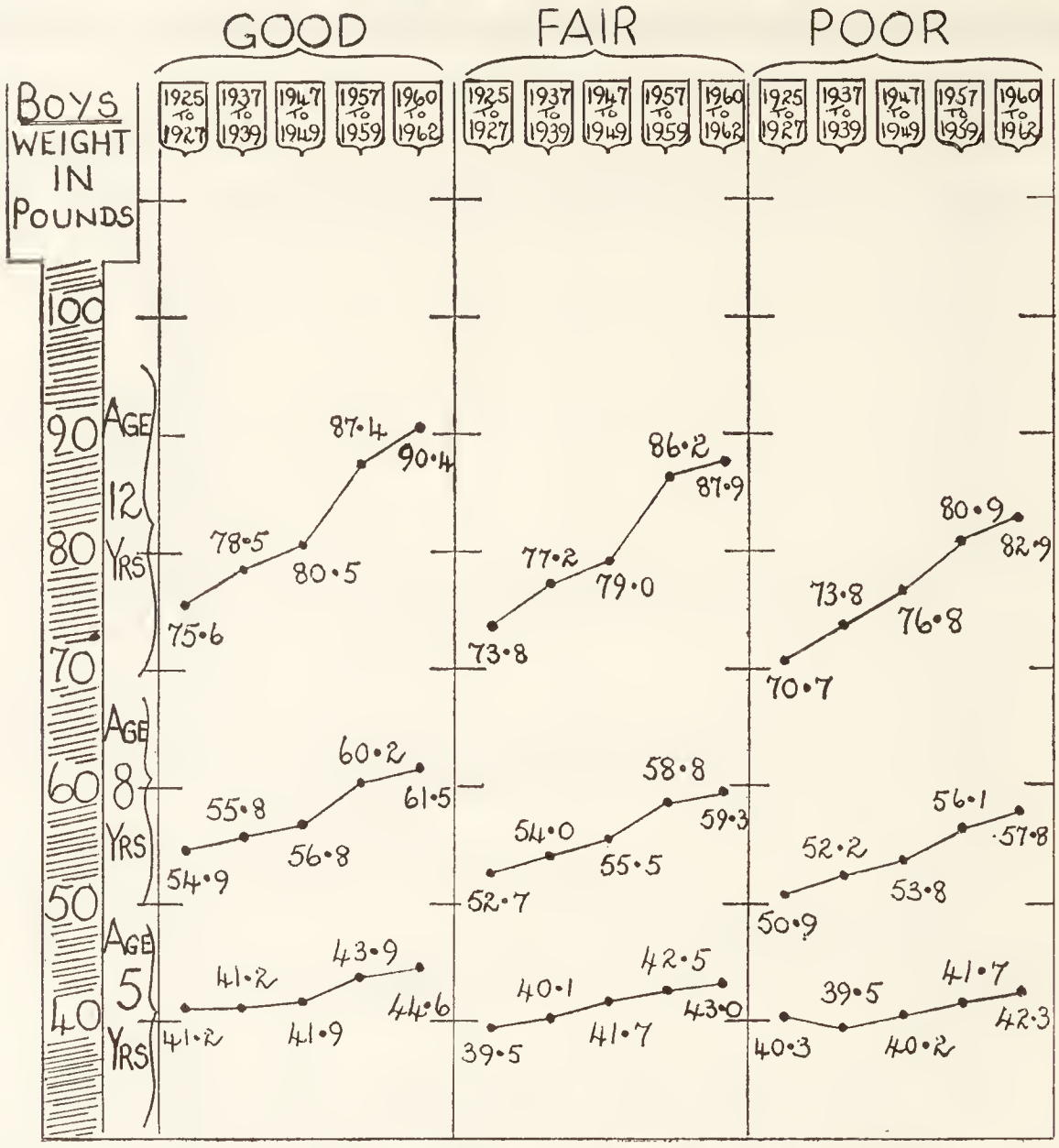
Comparative Average HEIGHTS of BOYS, Ages 5, 8, 12 and 14.



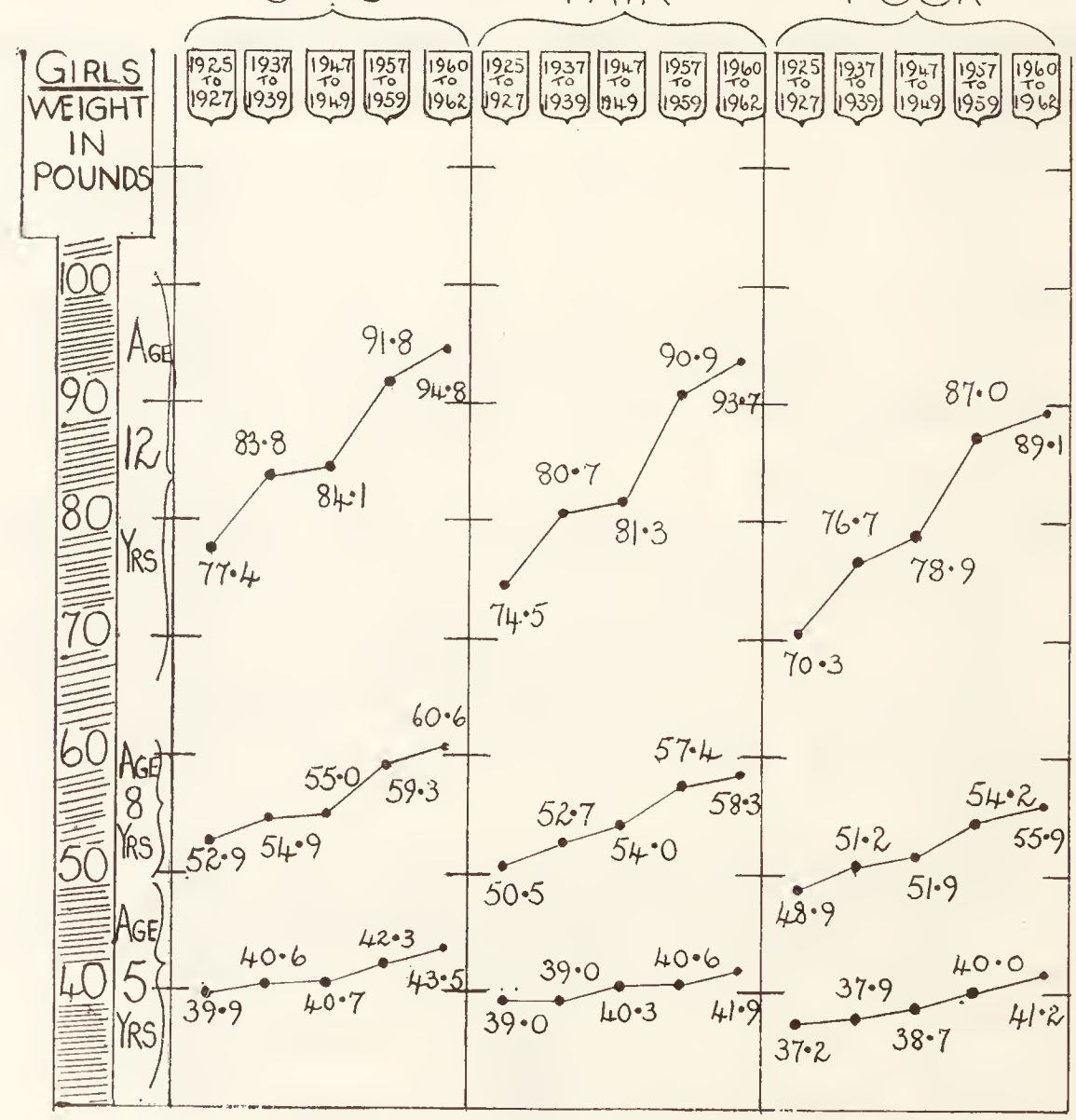
Comparative Average HEIGHTS of GIRLS, Ages 5, 8, 12 and 14.



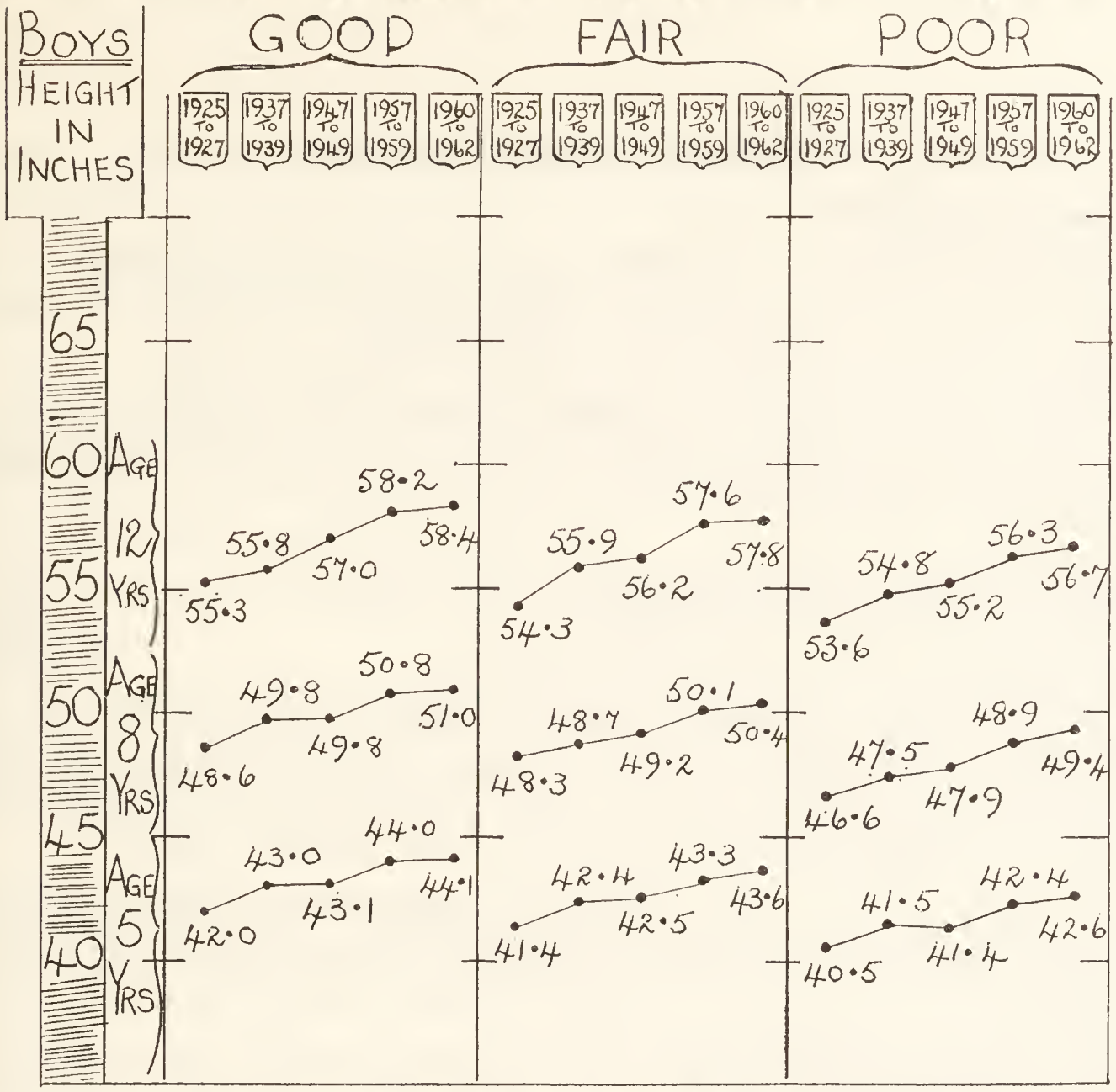
Comparative Average WEIGHTS of BOYS in five 3-year periods.



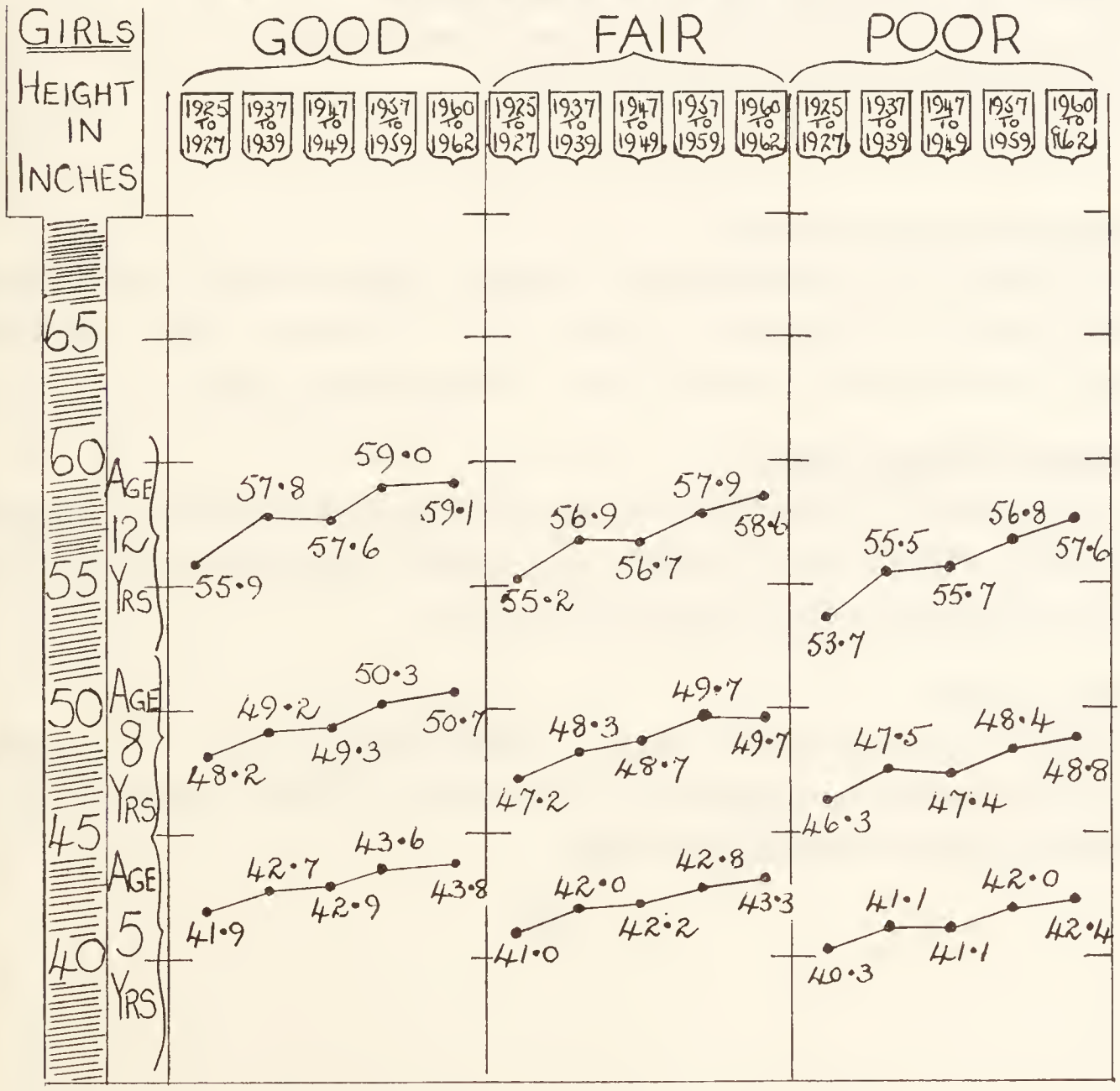
Comparative Average WEIGHTS of GIRLS in five 3-year periods.



Comparative Average HEIGHTS of BOYS in five 3-year periods.



Comparative Average HEIGHTS of GIRLS in five 3-year periods.



SCHOOL MEALS SERVICE

Number of Meals

The total number of dinners supplied from kitchens during the 52 weeks ended 8th December, 1962, was 10,083,254 (children 9,170,678; adults 912,576), an increase of 325,518 over the previous year.

The number of dinners supplied to pupils in maintained primary, secondary, day special and nursery schools on a selected day in September 1962, was as follows :—

Number of children present in the schools on the day selected	117,679
Number of pupils provided with dinners	47,133
Percentage of pupils who were supplied with dinners	40·05%

Of the meals supplied to pupils during the year ending on 8th December, 1962, a little over 50 per cent were prepared and served in combined kitchen/dining rooms. The remainder were supplied from exporting kitchens.

The daily average number of dinners supplied to the following establishments during a four-week period ending 8th December, 1962, was as follows :—

Further Education Establishments...	363
Direct Grant Schools	692
Nurseries administered by the Medical Officer of Health	569
Training Centres administered by the Medical Officer of Health	327
Adults—Canteen, Kitchen and Teaching Staffs	4,651
	6,602

Charge for School Dinners

A charge of 1s. continued to be made for school dinners in accordance with Ministry of Education Circular 321, of February, 1957, except for pupils attending day special schools, who paid 6d. a meal.

Provision of Free Meals

At the end of the summer term 1962, the number of children authorised to obtain dinners free of charge was 10,684, compared with 10,343 at the corresponding time in the previous year.

School Milk

Milk is provided free of charge to all pupils in schools. The normal quantity supplied is one-third pint, but delicate children attending special schools receive two-thirds pint daily.

The number of pupils taking milk in primary, secondary, day special and nursery schools on a single day in September, 1962, was as follows:—

Number of pupils taking milk	109,185
Percentage of pupils present supplied with milk	92·27%

DEFECTIVE VISION

At the periodic medical examinations the total number of children found with defective vision, apart from cases of squint, was 7,944. Of this number, 4,790 required treatment which represented 9·1 per cent of the total number of children inspected.

There was a total of 3,096 cases of squint recorded during the periodic inspections.

Of 488 referrals by the school medical officers to the eye specialists as suspected new squint cases, 307 were confirmed. In addition, 197 new pre-school cases were referred, of whom 120 were confirmed as squint.

EAR, NOSE AND THROAT CONDITIONS

Assessment Clinics and Testing of Hearing

The arrangements for the ascertainment of defective hearing amongst the eight-year-old children were carried out as previously described.

Of the 16,250 children tested by audiometer in school, 679 were subsequently investigated at the aural clinics. These further examinations resulted in 28 children being diagnosed as having normal hearing, 502 children had minor defects which were not significant as regards education, and 149 had defects of a degree that might interfere with the child's education. Amongst these latter groups were 93 cases of suppurative otitis media and 123 cases of eustachian catarrh.

These special clinics, held at nine different centres, are conducted by experienced school medical officers and visited by consultant aural surgeons.

Crown Street Assessment Clinic

This clinic was established to deal with very young children who were thought to have defective hearing. It is, of course, vital that deafness be discovered as early as possible so that residual hearing may be retained and stimulated, if necessary, by the use of hearing aids. During the year 86 children were seen at this clinic with the following results.

Normal hearing	62
Partially hearing	19
Deaf	5
	86

The ages of the children found to be deaf or partially hearing on examination are shown in the following table :—

Age	Deaf	Partially Hearing	Total
Under 6 months ...	2	—	2
6 months to 1 year	—	1	1
1 to 2 years... ...	—	—	—
2 to 4 years... ...	3	9	12
4 to 5 years... ...	—	5	5
5 to 6 years... ...	—	4	4
	5	19	24

Ear, Nose and Throat Clinics

1,215 children were referred to the E.N.T. clinics for an opinion regarding possible disease of tonsils or adenoids. Operation was advised in 208 cases.

HEART CLINIC

The Heart Clinic was held weekly during term-time throughout the year either by Professor J. D. Hay or his deputy Dr. Elton Goldblatt, the Consultant Paediatrician at the Royal Liverpool Children's Hospital.

In most of the children referred to the Clinic on account of cardiac murmurs the benign nature of the murmur was confirmed, in some cases following electrocardiography, phonocardiography and radiology in the Heart Clinic at the Royal Liverpool Children's Hospital. The parents were reassured and the child continued to lead a normal life with full activity. The relatively few children in whom a congenital heart lesion was found were referred to the Royal Liverpool Children's Hospital for further investigation and treatment, and in those with rheumatic heart lesions further supervision was arranged.

Analysis of the case records of the patients diagnosed in the Clinic has furnished an accurate picture of the total incidence of congenital heart disease in Liverpool school children and of the frequency of individual malformations. It is now planned to correlate these findings with the apparent incidence of congenital heart lesions at birth, as indicated by the register of all babies born in Liverpool with congenital malformations which has been kept by Dr. R. W. Smithells, the Assistant Medical Officer to the Local Health Authority and Lecturer in the Department of Child

Health of the University, with the assistance of Dr. Doris Franklin, Miss Elizabeth Chinn, health visitors and the staffs of maternity hospitals. This correlation should reveal a more or less complete picture of congenital heart disease in infants and children in Liverpool.

The following table shows the number of cases dealt with since the Clinic opened in September, 1951 :—

TABLE I

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total
No. of New Cases	54	151	101	113	115	83	101	95	71	87	78	96	1,145
No. Re-examined	4	66	124	57	46	41	34	23	32	25	13	11	476
No. Referred to Hospital ...	29	102	85	92	72	46	64	59	36	45	32	38	700
No Surgically Treated	—	7	5	6	11	4	4	4	4	2	7	5	59

DENTAL

Mr. L. C. Winstanley, the Principal School Dental Officer, reports :—

"In commenting on the dental position for 1962, it is encouraging to be able to report a further improvement in the dental staffing situation. This trend was noted in the previous year's Report and it has fortunately been maintained. At the beginning of the year the staff consisted of seven full-time and 22 part-time dental officers; by the end of the year these figures had been increased to 10 and 23, respectively.

"It is, of course, realised that during the next five years there will be inevitable losses from retirements and other causes of resignation but it is anticipated that the level of staff can be maintained. There will be no complacency regarding recruitment and every effort will be made to obtain suitable replacements and save the service from its parlous state of four to five years ago.

"Reference to Table II of this Report shows that nearly as many children received dental inspection as in 1954, a peak year for the number of officers employed by the Authority. What is, however, more important, is that in 1962 the permanent teeth filled showed an increase of nearly 4,000 over the 1954 figure and an even more welcome decrease of 4,000

fewer permanent teeth extracted. Statistics must not be pressed too far, but these figures do show that the present dental officers have a keen appreciation of conservative dentistry. There is also little doubt that improved clinic facilities and the introduction of new equipment has greatly assisted the staff in reaching this result. New or modernised clinics are greatly appreciated by both staff and patients.

"One surgery at the new Toxteth Health Centre was opened by the school dental service during the year, and the second surgery should be functioning in the very near future. This Centre has excellent equipment and like all the new clinics includes X-ray facilities. The latter are very useful in modern dentistry and essential in the diagnosis and treatment of orthodontic cases.

"The interest shown by parents in receiving orthodontic treatment for their children is ever increasing. The appointment of a full-time or part-time orthodontist has not been suggested previously, but if the number of officers available for general dental duties can be maintained it might be advantageous to consider the employment of such a specialist.

"This year saw the introduction of a pilot scheme for dental health. A group of schools in one area will be subject to intensive dental health propaganda, whilst a well separated group of schools will act as a control group. Whilst results from this scheme will not be available for three years, it is opportune to thank the head teachers of schools concerned for their co-operation; also, appreciation must be recorded for the help given by the staff of the Department of Preventive Dentistry of the Liverpool Dental Hospital in the preliminary inspection of the children.

"One section of the duties which can show an improvement is the dental coverage of pupils in the special schools, particularly where they are resident. Already a start has been made by making equipment available in one of the residential schools situated so far away from Liverpool as to make treatment in the city clinics impracticable.

"Once again appreciation and thanks are recorded to head teachers and teaching staffs of all schools who have given ready help and co-operation at the routine dental inspections."

The figures submitted include the ten-year comparative table and Part IV of Appendix A, the detailed treatment figures for the year.

TABLE II

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
No. of children examined ...	123,425	107,125	80,292	65,833	72,116	85,442	67,981	71,776	75,276	105,506
No. of permanent teeth filled ...	15,091	15,460	10,069	11,175	10,841	13,514	14,021	16,507	16,333	19,145
No. of permanent teeth extracted	11,847	9,367	7,190	7,703	7,993	9,165	7,356	6,584	5,822	5,034

ORTHOPAEDIC SCHEME

There were 918 new cases seen at the orthopaedic clinics in 1962 and 1,033 cases continued their attendance from the previous year.

From the orthopaedic clinics 92 cases were referred to hospitals for investigation and/or treatment.

The following table shows the nature of the work carried out under the orthopaedic scheme :—

ATTENDANCE AT CLINICS

Defect	No. of new cases seen	Total No. of attendances of all children
Infantile paralysis	4	31
Birth palsy	—	3
Cerebral palsy	4	67
Rickets	1	2
Talipes	1	5
Spinal curvature	18	71
Torticollis	6	17
Flat feet and knock knees ...	372	1,443
Bow legs	9	30
Other deformities	41	151
Other defects	191	440
No defect found	271	271
	918	2,531

Mr. F. C. Dwyer, one of the Orthopaedic Surgeons to the Clinics, comments :—

"The nature of the work done in the orthopaedic clinics does not undergo any essential change from year to year. During the past year there have been no changes in the staff and the usual high standard of

recording and following up of patients has been maintained by the secretarial staff. The clinics which are situated at Walton, Everton Road, Dingle and Garston, continue to provide adequate facilities for examination and for the comparatively simple forms of treatment required for patients who do not have to attend hospital. That the parents and children appreciate the comfortable and unhurried conditions under which they are seen at these clinics is shown by the frequency of requests for transfer from hospital out-patient departments to the clinics.

"It is often said that orthopaedic school clinics are dull and that they lack the sparkle of exciting clinical material. It should, however, be borne in mind that the system which has been developed through the years and which runs so smoothly in Liverpool, of children being referred by school medical officers to special clinics rather than to hospital, makes it possible for all sorts of apparently trivial conditions to be seen by specialists and followed up carefully. In the hurly-burly of hospital out-patient clinics these trivial conditions tend to be disregarded and the fact that they are collected together in special school clinics affords an opportunity for practising preventative medicine and observing the development of postural conditions in particular which is not really possible in hospital practice. It is to be hoped that whatever happens in the future the principle of seeing school children in separate clinics dissociated from the general run of hospital out-patients will always be preserved whilst, at the same time, retaining a harmonious liaison between the clinics and hospitals. This liaison is helped very much in Liverpool by the fact that children's work is concentrated in two hospitals rather than dispersed amongst many. This is something which we should all strive to preserve in the interests of good medicine and good service to the public.

"I am told that during the past year there has been an increase in the number of school medical examinations and a corresponding increase in the number of patients referred to orthopaedic clinics. As one might expect, there has also been an increase in the number of patients seen only once and then discharged as normal. Though it is very right that this should happen because it suggests that patients are being sent up on the slightest provocation, it might, at the same time, account for a slightly disturbing trend in recent times of a decidedly lower attendance rate at the clinics. Perhaps there is the need for teachers and school medical officers to impress upon parents the importance of attending the clinics

which really involve them in very little trouble, particularly when compared with attendance at hospitals.

"One of the advantages of writing to notify doctors of the attendance of their patients at school clinics is that they, too, might be encouraged to refer children to school medical officers and through them to special clinics when they suspect that some minor abnormality might be developing. It is important that we should all remember to always keep the patient's own doctor in the picture.

"The whole organisation of special clinics working in close association with the school medical officers, though not an exciting one from a clinical point of view, is, nevertheless, one which continues to do regular sound work."

MINOR AILMENTS

There was a decrease of 1,455 in the number of children attending the clinics for minor ailments, the number of new cases being 16,244 and the total number of attendances being 88,116.

The incidence of verruca continues to be relatively high there being 798 new cases. Sporadic cases of scabies continue to occur, 119 new cases being discovered in the year.

Inspection Clinics

Dr. J. C. Taylor, one of the School Medical Officers, has contributed the following upon the work of inspection clinics.

"In common with most doctors doing periodic medical inspections in schools, I find that there are frequently occasions when more time and better facilities are needed for examination of a child and subsequently discussing matters in quiet and privacy with the child's parents, than are usually available at the school.

"To meet this need sessions are made available in the local clinics where those children needing more careful examination under clinic conditions can be seen with their parents, by appointment.

"I have given below some figures for the children seen by me at the Walton School Clinic during the three-year period 1959-1962. They are, of course, biased to a certain extent as most doctors will tend to see more cases of a kind in which they are interested, than of a kind in which they are not, but even so I think they give a fairly representative picture of the kind of work which school doctors do in these inspection clinics,

as they are called. Clearly, eye and ear, nose and throat cases are in a majority and this is understandable as defective vision and hearing lend themselves to detection by routine screening tests and it is important that they should be investigated and any appropriate measures necessary taken if a child is to gain the maximum benefit from his education.

"It may be felt that in the investigation of such things as headaches, abdominal pains, asthma, debility and nocturnal enuresis, the school doctor is impinging on the field of the general practitioner, but these are all things which may considerably affect a child's school life and, in his capacity as medical adviser to the school, the school medical officer will find that he often has to deal with them and, indeed, sometimes to act as mediator between school teaching staff, parents and hospital or family doctor.

"Whatever system of periodic medical examinations is used, the doctors' work is made more valuable and interesting by having clinic sessions available for those cases, and there are many, which cannot be adequately dealt with in the school, and it is in support of this contention that I hope the information I have given here will be of interest.

Cases Seen at the Inspection Clinic from September, 1959, to September, 1962—

For Investigation of Visual Acuity and/or Squint		744
Number to be kept under supervision at school (annual check of visual acuity by nurse)	228	
Number to be kept under six-monthly supervision at Inspection Clinic	275	
Number referred to Eye Specialist	205	
Number for whom no further supervision was considered necessary	36	
For Investigation of Undescended Testicles		33
Number to be kept under periodic supervision	19	
Number referred for surgery	12	
Number for whom no further supervision was considered necessary	2	
For Investigation of Phimosis		58
Number to be kept under periodic supervision	33	
Number referred for circumcision	21	
Number for whom no further supervision was considered necessary	4	
For Investigation of Heart Murmurs		37
Number considered to have functional murmurs	23	
Number referred for further investigation by heart specialist	14	
For Investigation of Ear, Nose and Throat Conditions		167
Number for investigation of suspected deafness	61	
Number for investigation and treatment of otorrhoea ...	26	
Number for investigation as to whether removal of tonsils and/or adenoids was advisable	69	
(Of these 12 were referred to the Ear, Nose and Throat Specialist.)		
Number seen for the removal of wax	15	
For Investigation of Debility		35
(Including haemoglobin estimation where necessary.)		

For Investigation of Asthma and Bronchitis		10
For Investigation of Nocturnal Enuresis		32
For Investigation of Mental Retardation		44
Number referred for full assessment	27	
For Investigation of Behaviour Problems		19
Number referred to the Child Guidance Centre	10	
For Investigation of Speech Defects		40
Number referred for Speech Therapy	18	
For Investigation of Abdominal Pains and Vomiting		3
For Investigation of Headaches		17

"Also seen were 12 cases of epilepsy, five inguinal herniae and isolated cases of such diverse conditions as non-toxic adolescent goitre, congenital imperforate hymen, osteogenesis imperfecta, Perthe's Disease, cerebral palsy and pseudo hypertrophic muscular dystrophy.

"The total attendance at the inspection clinic over the three-year period 1959-1962 was 1,406; absentees, 312."

HOME VISITING BY SCHOOL NURSES

Miss Poole, the Superintendent School Nurse, in her report relating to district visiting by school nurses, stressed that in this field there are many opportunities to practise health education. However, this work requires considerable physical as well as mental effort and is, therefore, much more demanding than, say, the work in clinics.

It is in this field that the value of the health visitor's training is most apparent. The social problems which arise demand skill and experience which a nurse without this social training lacks. The shortage of fully trained school nurses is, therefore, detrimental to this field of work.

Typical of the problems met in home visiting are the following :—

Recently two small school children each carrying a heavy attache case were seen by a school nurse being escorted by a young policeman to their home. The school nurse enquired about this and accompanied them. She discovered that the mother had become mentally-ill following the birth of her last baby, so creating an unhappy atmosphere, and the two children were attempting to run away.

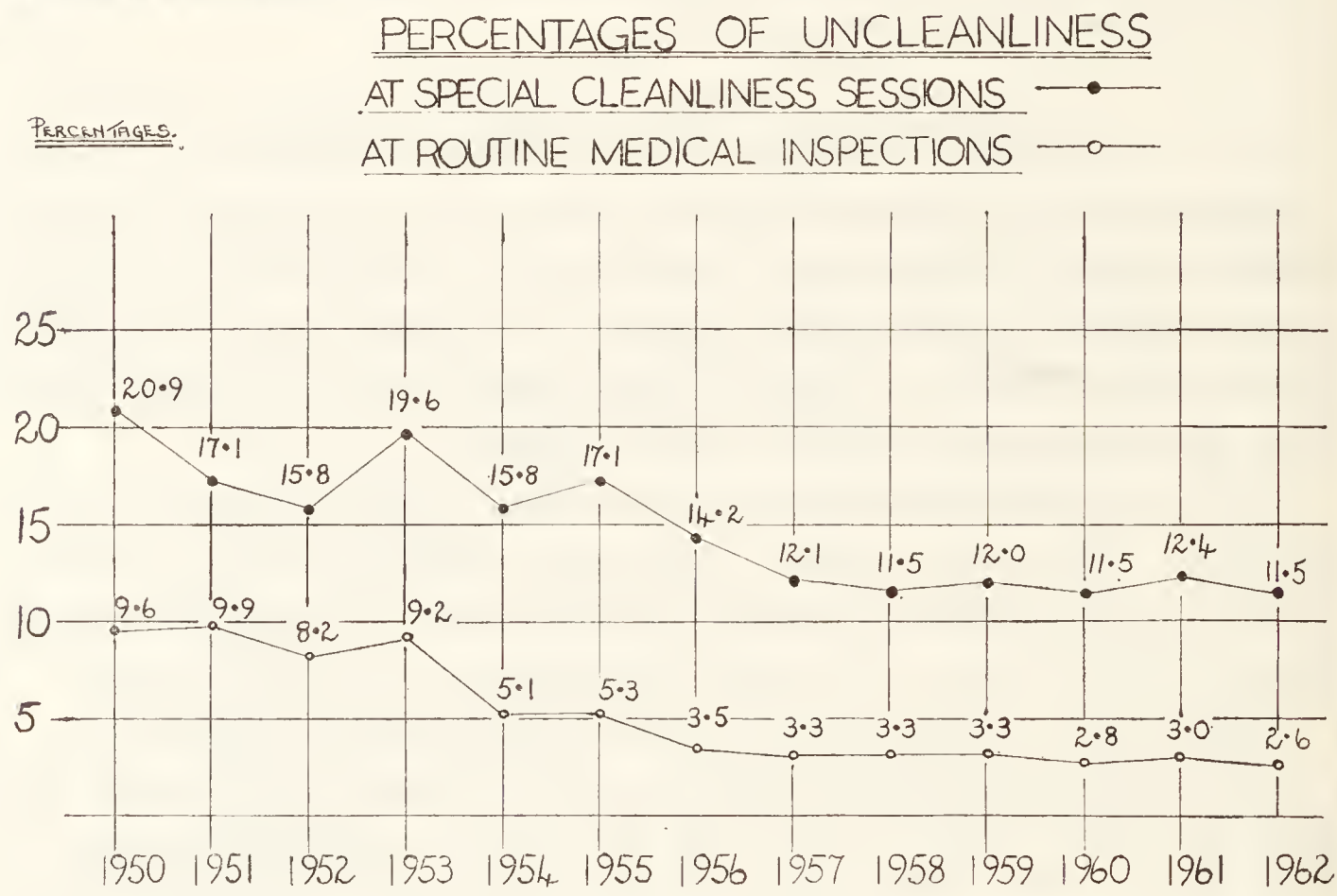
Another instance was a mother's increasing periods of mental illness, with a family of children whose ages range from six to 16 years. The mother refused at all times to answer the door to the school nurse and the children seemed frightened. Although not grossly neglected, the school children showed evidence of hair infestation. The husband has had a period in prison and is thought by a relative to have an adverse effect on his family, and his wife in particular.

In yet another instance the school nurse learned that the mother had been imprisoned for several months on a charge of shop-lifting. The husband was caring for the children helped by his own mother who was horrified at the state of the children and the house, and also the amount of debt which the wife had incurred, apparently unknown to her husband.

In dealing with recurring verminous infestation, the school nurse very often discovers problems beyond parental indifference. These problems very often have a more detrimental effect upon the children than the infestation.

UNCLEANLINESS AND NEGLECT

Personal Hygiene



In 1961 the percentage of children found to be verminous on at least one occasion increased by 0·9 per cent. In 1962 this percentage dropped by the same amount to 11·5 per cent. 512,640 examinations of children were carried out, being 46,040 more than the previous year.

In the case of 3,703 children found to be verminous, statutory notices were served upon their parents, all having a history of previous infestation. Of these, 3,587 were satisfactorily cleansed by the parents and 116 had to be compulsorily cleansed.

Miss Poole, the Superintendent School Nurse, reports that some opposition to cleanliness surveys has been experienced in a few schools. This

is probably because infestation is, as a rule, of a mild degree. All the evidence indicates that but for the continual efforts of the nurses, the state of cleanliness would soon relapse.

The system followed in regard to frequency of surveys is the same for all schools. When a school is found to be entirely free from infestation no survey is made until the next school medical inspection. If from this sample there is any evidence of infestation, an inspection of all children is then arranged. As long as infestation is found at a survey, cleanliness inspections are maintained at intervals, usually once a term. Children with a record of infestation are inspected more frequently by the school nurse upon her inspections for other defects.

Mrs. Hodgson, the Senior School Nurse, who has a special responsibility in regard to cleanliness, reports :—

"The reason why the infestation rate remains so high is the apathy of the parents to a few nits which they still think, in spite of all the evidence to the contrary, are harmless. If there are live vermin present in the hair, the parents usually feel that any action taken is quite justified."

A school nurse who has one of the most difficult areas notes considerable improvement in regard to the cleanliness of the children. She ascribes her success to rehousing, regular inspections, and the fact that the younger mothers had the benefit of advice concerning personal hygiene as school children.

Clothing and Footwear

The main point made by the nurses in regard to clothing was summed up by one nurse: "The hard winter and rise in unemployment has shown itself in the clothing of some of the children. Some parents have found it difficult to keep their children adequately clothed." The nurses by their own efforts obtained much warm clothing for children in need.

With few exceptions the nurses deplore the badly fitting footwear, especially that worn by girls. "Footwear amongst girls is becoming more unsuitable; they insist upon wearing the slip-on type shoe with practically no heel and with extremely pointed toes. This practice is not only common amongst senior girls, but also amongst juniors and, occasionally, infants."

As with clothing, the unusually severe weather and unemployment resulted in many children having inadequate footwear. In this connection, one nurse reports :—

"My memory of this past winter will be 'footwear' and how to supply it to children in real need. I have never visited the National Assistance Board so often with one specific request. I have always found the Manager and Officers of the National Assistance Board very helpful but they have their limits and cannot go beyond them. The Women's Voluntary Service were also very helpful but could not supply what they had not got. Although I have always deprecated children wearing second-hand shoes I have been glad to lower my standards and fit children, as well as possible, with shoes which have been given to me. I feel as if I have collected all the children's shoes in my home district which were not actually being worn by the more fortunate children."

Late Hours

The nurses are unanimous that in very many homes the children's bed-time is associated with the closing down of television programmes. "The number of children going to bed late appears to be on the increase, even the youngest children in many families stay up to watch television until 10 or 11 p.m."

Health Education

Health education continues to occupy a considerable amount of the school nurses' time, but Miss Poole, the Superintendent School Nurse, reports that she and her staff feel that much more could be accomplished in this field. She speaks of the eagerness of parents to become better informed upon matters pertaining to health. All the usual opportunities open to school nurses to advance health education are being exploited such as when parents visit clinics or are visited in their homes, talks to classes in school upon the invitation of the head teacher, etc. Whereas, as more permanent school nurses become available and with the improving quality of health education films, etc., there can be some increase in the present extent of this activity, the only satisfactory long-term solution is for the subject of health education to be incorporated into the school curriculum.

The teaching of simple physiology could well be introduced into junior schools and continued in the secondary schools. To know the basis of normal bodily functioning is the only satisfactory basis for the understanding of the practice of hygienic measures.

SCHOOL ATTENDANCE AND WELFARE

Mr. T. L. Siddell, the Superintendent of the School Attendance and Welfare Section, reports :—

Part-time Employment of Children

"The Children and Young Persons Act, 1933, and local bye-laws regulate the employment of children by defining the minimum age as two years below that which is for the time being the upper age limit of compulsory school age, prescribing the maximum daily hours of employment and prohibiting certain occupations.

"During the year a total of 2,566 children were engaged in part-time employment, a reduction of some 500 on the previous year. All those who took up employment for the first time were medically examined to ensure that they were fit to do so.

"Happily, proceedings for illegal employment of school children declined substantially during the year from 23 to 10.

Street Trading

"In Liverpool no-one is allowed to take part in street trading under the age of 18 years. Over the years great progress has been made in stamping out what was formerly a fairly prevalent disregard of this regulation and the offence has now been almost eliminated. During the past 12 months there were, in fact, 12 prosecutions and, in each case, the case was proved and the offenders fined.

Employment of Children in Entertainment

"The employment of children in entertainment is strictly regulated and, with the exception of those engaged in performances for charity, children are only permitted to appear under a licence issued by the Authority. Licences are only granted to children over 12 years of age and only when the Authority is satisfied regarding the child's health and general well-being. Children are, therefore, examined by the school medical officers; enquiries are also made to ensure that the children are adequately housed and supervised and that they can continue their school work. During the year licences were granted for 37 children to appear. In addition, the Section are aware of some 2,100 children who appeared in charitable performances.

School Attendance

"During the year under review, numerous cases, especially those concerning prolonged absence from school or where the attendance of children is deemed to be unsatisfactory, were referred by the School Attendance and Welfare Section for examination by a school medical

officer in order to ascertain whether or not the children were fit to attend school. Some of these cases were difficult and obstinate, and the co-operation received from the School Health Service in respect of these examinations, and the reports which were submitted, were invaluable. In quite a number of instances, as a result of such examination, children were recommended for special schooling or referred for psychiatric examination and/or treatment.

"In connection with the weekly meetings of the School Attendance and Welfare Sub-Committee which considers cases for prosecution through the courts, the attendance at the meetings of the Sub-Committee of a representative from the School Health Service is also appreciated and the reports which are submitted are of great help in deciding on the action to be taken.

Neglect and Ill-treatment of Children

"The School Attendance and Welfare Section is the statutory body responsible for carrying out the provisions of Part I of the Children and Young Persons Act, 1933, which deal with the wilful neglect and/or ill-treatment of children. Many of the cases which are submitted are reported by doctors and nurses of the School Health Service, school welfare officers, heads of schools, the police and officers from other statutory bodies, as well as by voluntary organisations; in some cases they are reported by the public. All cases thus referred are carefully investigated by a small staff of special officers. Only in cases of wilful neglect or ill-treatment, where it is found that remedial measures would be impossible to apply, are children removed from the custody of their parents. Quite the major part of the time spent by these officers in dealing with this important aspect of child life is taken up with rehabilitation. It should be remembered that rehabilitation prevents deterioration from becoming so pronounced as would involve the inevitable removal of the children from their homes, were it to continue. Many cases are found to be those which relate to 'problem families'. Many of these problem and difficult families are referred to the Co-ordinating Officer (the Medical Officer of Health) who arranges meetings of the Co-ordinating Committee as and when required. Representatives from various interested bodies are invited to attend and discuss the various aspects of the problems confronting the family in order that arrangements may be put in hand, if this is practicable, for improving the conditions and circumstances under which children from such families live.

"The number of cases of neglect or alleged neglect under supervision at present is 280. During the year it was unfortunately necessary to take legal proceedings in respect of six families involving 31 children.

Service of Summonses

"The number of summonses served by special officers from this Section on parents in connection with the verminous condition of their children was 71. These officers also attended court in order to prove, if necessary, the service of such summonses.

Provision of Clothing and Footwear

"School medical officers and school nurses brought to the notice of the Section quite a number of cases where children were unable to obtain the full benefit of the education provided owing to unsatisfactory or inadequate footwear or clothing. These cases were investigated and where appropriate, issues were made from the Education Committee's own clothing store. In some cases they were referred to the National Assistance Board; in appropriate cases voluntary agencies also helped."

CHILD GUIDANCE

During 1962 only one change of staff occurred, a fourth remedial teacher, Miss Price, being seconded to the Centre. Though the senior psychiatric social worker's post remained unfilled, the work of the Centre continued on traditional lines. Indeed the contribution of the social workers remains as important as ever, especially in view of the very heavy case-load. The human aspect of the wide range of problems referred, from the distresses of childhood to the difficulties of adolescence, cannot be overlooked or ignored.

Attendance

A total number of 1,056 cases were seen in the course of the year for diagnosis and treatment. Of these, 490 (329 boys and 161 girls) were new cases. As in the previous year, the intellectual level of the new cases remained substantially the same but a significant increase (11 per cent) was observed in the number of children referred in the over-12 years age groups. This would appear to endorse the impression that many of these children were referred for investigation and treatment when every other method had failed. Thus A.B. was referred when over 14 years of age on account of "repeated truancy from school". Investigations disclosed that he had already been transferred from one selective

school to another but with no improvement in attendance. In fact, when first seen at the Centre, he had not been at school at all for several consecutive weeks. His developmental history was one of long-standing chronic enuresis and parental over-protection. The boy informed the visiting social worker that when he prepared to go to school "a feeling came over him and he could not face up to it". Valid factors of emotional stress operating within the family structure were also uncovered in addition to the boy's own borderline capacity for selective schooling. A transfer to a secondary modern school was effected and A.B. has been in regular attendance since.

The number of attendances for treatment were :—

(*a*)	Individual psychotherapy... ...	1,185
(*b*)	Group psychotherapy	274
(*c*)	Remedial teaching...	7,519
	Total ...	8,978

Social Work

The number of interviews carried out were :—

(*a*)	At the homes	2,235
(*b*)	At the Centre	15
	Total...	2,250

During the past year there have been a number of administrative changes which have resulted in a more efficient approach being made to the case-work side. This has included the division of the work into three areas, North, South and Central Liverpool, with a social worker attached to each area. It has lessened the time spent by the social worker in travelling and has made it easier to contact other agencies, social workers, school attendance officers and health visitors, who are also concerned with particular families. A great deal of duplication of work can be avoided and a united approach made to the families.

2,235 visits have been made to the homes during the year, which have helped to throw light on the background of the child. This has enabled the clinic staff to relate the child's attitudes to his individual circumstances. Observing the parent-child relationship on home ground may often give a more accurate picture of the situation than that which the parents present at the clinic. For example, the parents of a boy at a residential special school were explaining how much freedom they gave

their son and said that they allowed him to express his feelings and use his initiative. This was rather belied by the behaviour of the five-year-old brother who sat on the floor without saying a word for most of the time. When coffee was brought in he waited patiently for his for some time and then very timidly approached his mother asking for a drink. He was ignored altogether while his parents continued talking and then, after a while, crept back to his toys on the floor.

After a child and his parent have been seen by a psychiatrist, the social worker may need to clarify certain facts to the mother or father. Frequently at the first interview the mother is very anxious, nervous or tense and cannot relax sufficiently to appreciate all that the psychiatrist is discussing with her. At other times the psychiatrist touches on the focal point of the problem but the parent, already having a sense of guilt or failure, finds this too painful to face openly. They then need to be helped to face up to the reality of the situation and see their own shortcomings and helped to find their own part in solving the problem. This type of work involves very close co-operation and association between the psychiatrist, psychologist and the social worker.

As the number of cases referred has considerably increased, the opportunity of having extra sessions at the new Health Centre at Toxteth will be greatly appreciated. Better facilities regarding interviewing rooms will make it possible for the mother to be interviewed by the social worker while the child is being seen by the psychiatrist or psychologist.

School Visits

In addition to visits made by the educational psychologists to schools for the preliminary screening of educationally sub-normal children, 55 visits were made for discussion of therapeutic action in psychiatric cases attending the centres. The main aim of the educational psychologist on such visits is to ensure that, as a result of his discussions, the school will be better able to help the child and to co-operate with the clinic team in the child's own interests. They also give the school staff the opportunity to admit, when the need arises, that they cannot co-operate in the way the clinic team considers appropriate and to make counter-proposals. The need for increased liaison of this kind cannot be sufficiently emphasised.

Cases of Non-attendance at School

In the past year a total number of 47 children were referred to the

centres for diagnosis and treatment where the presenting symptoms were either refusal to attend school or non-attendance at school.

School refusal or school phobia, as it has been misnamed, had seldom anything to do with the school situation in cases seen at the centres. It reflected instead a long-standing pathological mother/child relationship which had been "upset" by any factor interrupting the continuity of school attendance (e.g. school transfer at 11+ years).

On the other hand, non-attendance at school, or school evasion as it may be termed, had many links with the school situation. The cases examined were found to be mainly cases having genuine difficulty with school work or with various aspects of the school situation. The need for careful differentiation in cases of "non-attendance" at school between the genuine school refusal case and the truant is extremely important because of its implications for treatment and disposal.

Court Cases

Psychiatric Reports Requested by Magistrates

Analyses of cases referred to the Child Guidance Centre for a psychiatric report at the request of the Magistrates, are shown as follows:—

1. **Age and Sex**

Of the cases referred in 1962, 59 were boys and 19 were girls. Roughly four-fifths of the boys were aged under 14 years, but in the case of the girls, half were under 14 years and half over 14 years.

Boys	8-13 years	... ...	46
	14-17 years	... ...	13
Girls	8-13 years	... ...	10
	14-17 years	... ...	9
		Total	78

2. **Reasons for Appearance in Court**

The majority of these children were in Court for either "Breaking and Entering" or "Larceny". The remainder generally fell into one of the following categories: (a) cases of failure to attend school; (b) children charged as "beyond the control of parent or guardian", and (c) children "in need of care and protection".

(i)	Offences against the Law:		
	Breaking and Entering or Larceny ...	46	47
	Other	1	
(ii)	In need of care and protection		3
(iii)	Beyond control		5
(iv)	Failure to attend school		23
	Total		78

3. Magistrates' Reasons for Requesting Psychiatric Reports

The classifications used are those of the Underwood Committee with the addition of a "rag-bag" category for such nebulous reasons as "in order to aid the Magistrates in dealing with this case", etc.

(i)	Because of the irrationality of the child's conduct	12
(ii)	In the case of a recidivist	10
(iii)	Where other traits of maladjustment are known to exist	19
(iv)	Sex cases	6
(v)	When removal from home is contemplated ...	5
(vi)	Other reasons, e.g. "in order to aid the Magistrates"	26

Thus it would seem that in 26 cases there was no real indication that a psychiatric opinion was called for—at least, the reason was not given by the Magistrates.

4. Psychiatrists' Recommendations to Magistrates

The recommendations made by the psychiatrists in their reports to the Magistrates tended to fall into three broad categories.

(a) Residential treatment. This was recommended in 34 (44 per cent) cases. Four different placements were advised:

(i) Boarding special school for educationally sub-normal children —10 children.
(ii) Boarding special school for maladjusted children—2 children.
(iii) Approved school—12 children.
(iv) Committal to the care of the Local Authority—10 children.

In four cases (i) was combined with (iv) where it was felt that it was inadvisable to allow children to return home even in the holidays.

(b) A Probation or Supervision Order (usually combined with treatment at the Child Guidance Centre). This was recommended in 31 cases (43 per cent).

(c) No recommendation made—this was the case for 13 children.

5. Final Decisions of Magistrates

In 52 cases the decisions of the Court did not conflict with the recommendations made by the psychiatrists, i.e. 80 per cent of the psychiatrists' reports were presumably accepted by the Magistrates. This percentage is just slightly lower than those quoted in two other analyses of psychiatric reports submitted to Juvenile Courts by Child Guidance Centres in other parts of the country.

Table of Court Decisions	No. of Cases
(i) Conditional discharge	9
(ii) Adjournment to observe behaviour (mainly Truancy cases) ...	10
(iii) Probation or Supervision Order	24
(iv) Attendance Centre	4
(v) Detention Centre	1
(vi) Approved School	12
(vii) Committal to care of Local Authority	8
(viii) No order made	9
(ix) Case withdrawn	1

6. **Intelligence of Children Referred for Reports**

The range of intelligence of these children was from an intelligence quotient of 48 to an intelligence quotient of 115, with a mean intelligence quotient of 85·3 for the boys and 84·4 for the girls. The mean intelligence quotient for the whole group was 85·1—rather lower than the average (I.Q. 100) for the general population.

I.Q. Range	Boys	Girls	Total
50 or less	—	1	1
51— 60	1	1	2
61— 70	5	1	6
71— 80	18	3	21
81— 90	17	7	24
91—100	10	3	13
101—110	4	2	6
111—120	4	1	5
Totals	59	19	78

It is interesting to note that intellectually 30 of these children are potentially educationally sub-normal, yet only two were actually in special schools (and the child with an intelligence quotient below 50 was not one of the special school pupils).

7. **Treatment of Court Cases**

Twenty-four of the children who were available for child guidance treatment after the final Court hearing were taken on for treatment. Of these, 10 co-operated, i.e. attended for appointments, and 14 did not co-operate, i.e. failed three consecutive appointments and were not offered any more.

Of the 10 children who did co-operate, two were in Court again before the end of 1962. Of the 14 children who did not co-operate, eight were in Court again. Thus a bigger proportion of the children who actually co-operated with psychiatric appointments kept out of Court during the rest of the year (although the difference is not statistically significant—partly because the numbers involved are too small). It must also be remembered that the "follow-up" period is very short in some cases and it will be interesting to see what the relevant figures are at the end of 1963 for these 24 cases.

The intellectual level of the children taken on for treatment at the Child Guidance Centre is on average higher than for the total group (i.e. the 78 cases referred for reports), the average intelligence quotient for those taken on being 91.

Distribution of intelligence quotients for the 24 cases taken on at the Child Guidance Centre :

I.Q. Range	Boys	Girls	Total
50 or less	—	—	—
51— 60	—	—	—
61— 70	1	1	2
71— 80	1	1	2
81— 90	7	1	8
91—100	6	1	7
101—110	3	—	3
111—120	2	—	2
Totals	20	4	24

The children who did co-operate with child guidance appointments had a mean intelligence quotient of 95, whereas those who did not co-operate had a mean intelligence quotient of 88 (again a difference but not statistically significant).

I.Q. Range	Co-operative	Non-co-operative
61— 70	—	2
71— 80	—	2
81— 90	3	5
91—100	4	3
101—110	2	1
111—120	1	1
Totals	10	14

The children who were in Court again before the end of 1962 had a mean intelligence quotient of 86 and those who kept out of Court before the end of 1962 had a mean intelligence quotient of 95.

I.Q. Range	In Court Again	Not in Court Again
61— 70	2	—
71— 80	—	2
81— 90	4	4
91—100	4	3
101—110	—	3
111—120	—	2
Totals	10	14

It is interesting to note that only five children had intelligence quotients above the 100 mark and that none of these were in Court again—although only three co-operated with the Child Guidance Centre. Perhaps being more intelligent than their fellow offenders they saw the "error of their ways"—or perhaps their intelligence kept them from being caught!

8. **Reasons for Appearance in Court of Cases Treated**

The reasons for the appearance in Court of the 24 children taken on for child guidance treatment are as follows :—

	Co-operative	Non-co-operative
(i) Offences against the Law (Breaking and Entering or Larceny)	8	9
(ii) In need of care and protection	1	—
(iii) Beyond control	—	—
(iv) Failure to attend school...	1	5
Totals	10	14

The most interesting point in the above table is that of the six cases of failure to attend school, only one co-operated—although this is not surprising when it is considered that the School Attendance Section would have tried most methods to get the child to school before prosecuting—and if they have been unsuccessful in that then it is even more unlikely that there would be co-operation over child guidance appointments.

Discussion

During the year nearly 32 per cent of the new cases seen at the child guidance centres were Court cases. Obviously an undue proportion of the psychiatric service is being claimed by the Court. It is doubtful if the Magistrates appreciate the considerable strain which is being placed on the child guidance service in dealing with their requests for psychiatric examinations, particularly when one notices the steady increase in the number of their requests which has occurred year by year. In addition, as will be seen from the analysis above :

(a) In 26 cases no real reason for the need for a psychiatric report was given or evident.

(b) 20 per cent of the psychiatrists' recommendations were not accepted by the Magistrates—this would be easily understood if it were impossible to carry out the advice from an administrative point of view (e.g. if it were a question of approved school places), but in most of these cases this was not so. This aspect is even more difficult to understand when one considers that the psychiatrists only made recommendations when they felt they could make a positive contribution—in the other cases they just made no recommendation. This would seem to support the view

that in many instances psychiatric examinations are being asked for by the Court rather more routinely than used to be the case.

A point of interest to the School Health Service are the 30 children of very poor intelligence—perhaps they would not have been in this sample if they had been ascertained as educationally sub-normal at an earlier stage in their school careers. As will be seen from the section of the Report dealing with handicapped pupils, very great care is taken to ensure that all retarded children are examined with a view to arranging appropriate help. This Authority has, in fact, excellent provision for helping these children and thereby prevent behaviour problems arising from their frustration at lack of academic success. In these 30 cases, it is clear that their lack of ability had not been brought to the attention of the school medical officer, and their attainments in the reports which were made available were, in most instances, optimistic to say the least. Propaganda in this field to ensure the co-operation of all head teachers in bringing forward this type of child continues and there is no doubt that in the majority of cases the head teachers are most co-operative.

A further point of interest is the very poor rate of co-operation gained from the children taken on for child guidance treatment following a psychiatric report to the Court—particularly those cases of failure to attend school. If some better method of judging the potentialities for co-operation could be devised, it might save a great deal of time and ease the waiting list for treatment at the Child Guidance Centre. It is, of course, very difficult for the child guidance staff to establish the real likelihood of co-operation in the short period of remand which is usually available to them in assessing a case for the Court. Perhaps the probation officers who have already reported to the Court could make this clear when the question of psychiatric examination is initially considered by the Magistrates.

Summary

(1) The commonest reasons for the Court appearances were "Breaking and Entering" and "Larceny".

(2) Removal from home was recommended by psychiatrists in 44 per cent of cases and child guidance treatment in 43 per cent.

(3) The Court accepted 80 per cent of the psychiatric recommendations.

(4) The average intelligence quotient of the children was below average (I.Q. 85) and 30 children were potentially educationally sub-normal in intelligence.

(5) Children taken on for child guidance treatment had a mean intelligence quotient of 91 and were less likely to re-appear in Court if they co-operated with the Child Guidance Centre, or if their intelligence quotient was over 100.

In view of the fact that a relatively large number of children seen for the Court were found to be of dull intellect with educational difficulties, it is suggested that an improvement in the present system would be for the Magistrates to leave the question of the need for psychiatric opinion to the Principal School Medical Officer.

A simple procedure could easily be established which would be to the advantage of the Court, the Child Guidance Service, and particularly to the child. The School Health Service, in addition to the information from their records, could consult head teachers and, if indicated, any other officer concerned such as welfare, children's, probation, etc. This action could be taken promptly and a decision as to the best type of medical investigation made. If a psychiatrist's opinion was considered to be indicated, this could be arranged.

Classification of New Cases

The problem of the cases referred have been classified as under. Many cases present multiple symptoms and could have been classified under different headings, but in each case the most prominent symptom is listed below :—

I. Nervous Disorders		18	(4%)
Fears ... ... (anxiety, phobias, timidity, over-sensitivity)	12		
Seclusiveness ... ... (unsociability, solitariness)	4		
Depression	2		
II. Habit Disorders and Physical Symptoms		42	(8%)
Speech disorders ... ... (stammering, speech defects, hysterical aphonia, inability to speak)	4		
Sleep disorders ... ... (night-terrors, sleep-walking, insomnia, talking in sleep)	5		
Nervous movements ... ... (twitching, tics, habit-spasms, head-banging) thumb-sucking, nail biting)	3		

	Excretory disorders	22	
	(constipation, enuresis, faecal incontinence, refusal to use lavatory)		
	Nervous pains and paralyses	3	
	(hysterical paralyses, nervous dyspepsia, pains in limbs, headache, functional deafness, disturbance of sight)		
	Fits	1	
	(epilepsy, hysterical fits, periods of unconsciousness)		
	Physical disorders	4	
	(allergic conditions, asthma, etc.)		
III.	**Behaviour Disorders**	175	(36%)
	Unmanageable	40	
	(disobedience, beyond control, persistent negativism, defiance, refusal to work or go to school)		
	Temper	9	
	(tantrums, anger, screaming fits)		
	Aggressiveness	18	
	(bullying, destructiveness, spitefulness, cruelty)		
	Jealous behaviour	1	
	Demanding attention	1	
	Stealing	62	
	Lying and romancing	3	
	Truancy	39	
	(wandering, staying out late)		
	Sex difficulty	2	
	(masturbation, sex play, homosexuality)		
IV.	**Psychotic Behaviour**	3	(1%)
	(hallucinations, delusions, extreme withdrawal, bizarre symptoms, including violence)		
V.	**Educational Difficulties**	203	(41%)
	(backwardness, school failure, special disabilities)		
VI.	**For Special Examination**	46	(9%)
	(psychological examination, educational advice)		
VII.	**Unclassified**	3	(1%)

AGE RANGE OF NEW CASES

Below 8	69	(14½%)
8-11	214	(43½%)
12 and over	207	(42%)

INTELLECTUAL LEVEL

Above Average	54	(11%)
Average	218	(44½%)
Below Average	218	(44½%)

NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES

1.	**Diagnosis and Advice**	158	(37%)
	(*a*) General advice to source of reference	111	
	(*b*) Recommended for Special School for Educationally Subnormal Pupils	37	
	(Day School—27; Residential School—10).		
	(*c*) Recommended for transfer to other clinic, hospital, or to Mental Health Authority ...	10	

2.	**Individual and Group Treatment**			165	(39%)
	(*a*) Satisfactorily adjusted	104			
	(*b*) Improved	54			
	(*c*) Not Improved	7			
3.	(*a*) Withdrawal by parents before completion of treatment, or closed for lack of co-operation ...	78		102	(24%)
	(*b*) Closed for other reasons	24			
	Total number of closed cases ...	425			

Remedial Teaching

As in the previous year, it was observed that a large number of children had been referred solely because of educational retardation in one or more of the basic school subjects but were not considered to have any major psychological problems necessitating treatment by the child guidance staff. In addition, a number of children were referred who were presenting emotional symptoms resulting from years of failure and frustration, in reading particularly, and which could have been obviated had they received specific tuition when the disability first became apparent. The case of A.B. which follows illustrates this latter type of late referral.

A.B. had begun his first term at the secondary modern school when he came to the head teacher's notice as he was "highly strung and nervous —he seems conscious of his backwardness". During the initial diagnostic assessment, A.B. cried profusely when asked to read the Schonell Scale, and finally refused to co-operate at all. Several further appointments were necessary before a picture of chronic overall retardation emerged. He was given individual remedial teaching and when last assessed had a reading age of over 9 years. His parents report that he is much more outgoing and self-confident and takes a keen interest in reading. His head teacher's most recent comments were as follows: "There is an overall improvement, he is participating in games, he mixes much better with other boys, and is generally much more confident".

Many of the children referred for remedial teaching show improved adjustment in other directions as they gradually master reading skill, as illustrated below by the following histories:—

J.G. began to attend remedial teaching classes in September, 1962. At that time, her chronological age was 10 years 4 months, but her reading age was only 6·1 years. The child was of average intelligence, and it

was felt that the reasons for her lack of progress lay in the rather unfortunate school career which she had experienced.

During the first two years of her school life, J.G. had long and frequent absences because of illness; following this period she suffered many changes of teacher and the added disadvantage of being in large classes. It was suggested also that J.G. had difficulty in achieving successful personal relationships with her teachers and school fellows. She appeared to be a very sensitive child who might be upset by factors easily accepted by other children.

This opinion was supported by J.G's attitude to her individual reading lesson. Her mother reported that during the holidays J.G. was "very worried" in case other children had been included in her lesson.

After two terms of individual tuition for one hour each week, J.G. now has a reading age of 8·9 years. She has shown keen interest and has done work at home in addition to that supervised at the clinic. It is now hoped that the introduction of younger children into the reading group will help J.G. to a further gain in confidence—partly through the fact that she will now be able to help children with a lower reading age than her own, and partly through the opportunity to form successful relationships with others.

Despite the increase in the staff of remedial teachers from three to four, the waiting list is still large, and has reached the point when children are required to wait up to six months before being given the assistance they require.

Notre Dame Child Guidance Clinic

The Authority has continued to refer children to the Notre Dame Child Guidance Clinic. The Director, Sister Beatrice, has kindly furnished the following report :—

"During the year under review, 253 children have been seen at the clinic. Of the 176 boys, approximately half came for behaviour and personality disorders and half for learning difficulties, and they fall fairly evenly into the primary and secondary school age groups. With the 77 girls the distribution is different; 50 of them are of secondary school age, and only 14 of the 77 came on account of learning difficulties.

"In our work with children we are constantly having to review our own concepts with regard to their problems and leaving aside theories, psycho-analytic or other, of the genesis of these problems, we ask ourselves what it is that marks the 'normal' from the 'disturbed' child, and

the 'adjusted' from the 'maladjusted'. A survey of cases, biased perhaps by trends in other sociological and psychological fields, has suggested that a common characteristic of the vast majority of children referred to the clinic for behaviour disorders is their inability to make satisfactory personal relationships. It may be a purely interpersonal difficulty involving mother-child relationship, or it may extend to the entire social milieu in which they live. To the extent to which they cannot make relationships they cannot adjust themselves to the family group or to the larger community and they are 'maladjusted'.

"The case histories of the majority of children who come to the clinic reveal long-standing difficulties in relationships. A survey of a few cases may help to show some of the different types of problems the children have. Sometimes the same basic problem may manifest itself in completely opposite trends in personality development. The rejected child may react by making vigorous attempts to win affection or by provoking further rejection. Betty, an under-sized, pathetic-looking 14-year-old was referred to the clinic for pilfering. The social history revealed that she was the eldest of three girls, but smaller than her sister who was two years younger. She spent a large part of her childhood in and out of hospital and it was during these early years that the habit of pilfering was established. Usually she had taken food or some other trivial article which she had immediately given away. One seldom meets parents who are ready to verbalise their complete rejection of a child in the way that Betty's mother and, to a lesser degree, her father did. Betty attended the clinic for more than a year and obtained considerable satisfaction from her visits. It was felt that given the right environment she could make a good adjustment, but little co-operation was obtained from the parents. Betty often expressed her desire to reform so that her mother would accept her but after a brief idyllic period when she had a holiday job and was able to contribute to the family income, the pilfering recurred. As this time it involved a Court appearance, the parents were both hostile towards her. Eventually consent was obtained for Betty to be sent to a hostel for adolescent girls. Her letter to her therapist on the second day at the hostel told that 'my two friends and I went for a walk. . . .' Her next letter, full of enthusiasm and talk of her 'friends' ended 'Your loving friend'. We hope that her stay at the hostel will be long enough for her to establish the positive relationships for which she expresses such a strong need.

"Not infrequently children are referred to the clinic for provocative, insolent behaviour, often of such an anti-social nature that it is extremely difficult for even the most accepting of parents to tolerate it. Enquiry into the social histories of several of these children has revealed a common factor of illegitimacy and/or mixed nationality. They were adopted or fostered by families of good social status who were able and ready to provide materially for them and, in most cases, to give affection. The children, however, all responded with defiance, sulkiness, pilfering, temper outbursts, or other forms of anti-social behaviour, until the parents became unable to tolerate it. What provokes this kind of reaction? The case of a nine-year-old coloured boy is fairly typical. Dick is an attractive, intelligent child, who is now in a residential unit for children in care. He is an illegitimate child of a white mother and coloured father. Nothing is known of the father. The mother died when Dick was very young. He was placed in a foster home when he was about three years old and remained in this home until he was eight years old. He has always presented problems and his stay in the foster home was many times in the balance. The family was genuinely fond of Dick but found him more and more difficult to handle. The school was not always as tolerant. Although at a superficial level they accepted his background, there was always the feeling of 'what else can you expect —he's bad stock'. Matters finally came to a head in early December and Dick suddenly found himself removed from the home he had known for five years. Outwardly he was not unduly upset but ever since his arrival at the Children's Home his behaviour has given trouble. He provokes both staff and children and is intelligent enough to know how to do this very successfully. He is not liked. One wonders why he behaves in a way which is guaranteed to make him disliked. These children start off in life with a social stigma—they are often rejected for something they cannot do anything about, for what they are. Even where there is a superficial acceptance they sense that they are 'different'. They cannot alter the situation and cannot tolerate the insecurity it generates—so they act out. At least they know then that they are rejected for what they *do*. They have some control over the situation. In fact, the problem then begins to snowball: their behaviour leads to overt rejection which, in turn, leads to more provocative outbursts, and so on. The vicious circle becomes difficult to break.

"Contrasting with the rejected child we have the over-protected, and

here we might illustrate from that all too well-known problem—the so-called 'school phobic'—granting that this category includes many varieties and no two cases are identical, we do see many rather similar family patterns, always involving a problem of relationships within the family group. The child's absence from school has provided definite neurotic gain for the mother who, in fact, is unable to tolerate the thought of the child being away from her side. The greater this need for the child in the mother, the less the likelihood of a return to school. The position of the father in these situations is somewhat remote. He is usually not very involved with his family, although to all external appearances the home is stable. One case with which we have been concerned for more than six months has shown little sign of improvement and the likelihood of a voluntary return to school is as remote as ever. The parents express concern but when a short period of residential treatment was tentatively suggested as a possible solution, the mother became extremely anxious and the parents decided to withdraw the case and seek another opinion.

"With all these cases the establishment of a more satisfactory form of relationship must obviously be one of the principal aims of therapy. The method will vary to suit the individual needs. While the majority of these children benefit greatly from individual psychotherapy, inclusion in groups helps them to learn in a therapeutic setting the value of group relationships and to adapt their behaviour to the requirements of the other members. For all the children, even when they are treated in small groups, it is essential that they find positive acceptance as an individual by the therapist. It is normally not difficult to establish such a relationship with children like Betty, but in many instances the child comes to the clinic with negative, hostile feelings and one is faced with the problem of breaking through this barrier. The change in attitude occurs over a period of time, sometimes imperceptibly, sometimes with what seems dramatic suddenness. Susan, a 12-year-old girl, referred to the clinic for extreme aggressive behaviour and defiance of authority, has been attending for individual therapy for more than a year. For many weeks at the beginning of her treatment she spent a large part of the hour hurling abuse and hatred at the therapist. She appeared to be looking for someone she could trust but the only evidence she gave of this was in testing out how far deliberate provocation would be tolerated. Eventually she began to play, and in her acting out of home and school

situations revealed her ambivalent feelings for the therapist. After about six months of weekly sessions her attitude changed with what seemed dramatic suddenness. She showed immature signs of affection for and dependence on the therapist and behaved in general like a very much younger child. For many months now there have been no serious complaints from the school and no sign of a return to the uncontrolled anti-social activity which brought her to the clinic, but her behaviour at the clinic remains dependent and immature. In this type of case it is only when there is a solid, interpersonal relationship that the therapist can attempt to modify her patient's attitude towards the wider society—to talk about the ways in which the child's own behaviour provokes the reactions she experiences from others. The less disturbed child may learn this from a treatment group within the clinic. The children modify behaviour towards each other by conformity to group pressures. They are also able to talk out their mutual problems and to profit by discussing their feelings and reactions to situations occurring outside the clinic.

"When children are seen without parents becoming involved in the treatment programme it is sometimes possible to see some improvement but, for any degree of lasting adjustment to occur, it is usually essential for the parents to take an active part. In regular interviews with the psychiatric social worker the parents are able to gain insight into the dynamics of the child's behaviour and their own share in it. The relationship with the psychiatric social worker is itself a therapeutic one in which the parent can look at his own personal problems for, not infrequently, these are of prime importance in generating the child's difficulties. Sometimes one feels that if one could clear the parents' own problems those of the child would automatically disappear, but frequently these parents are the most unwilling to become involved. This has been the difficulty in several of the cases of school phobia which we have seen. Neither the psychiatric social worker nor the child's therapist have been able to develop more than a superficial relationship with their respective clients. Anything deeper constituted a threat and at the first sign of such a development the client made a hasty retreat. It is through their sessions with the psychiatric social worker that so many of the adoptive and foster parents of our 'acting out' aggressive children have found a sympathetic understanding of their feelings; they have thus gained insight into the ambivalence of these children who so often want affection but, through fear of rejection, provoke the very thing they fear.

This knowledge enables the parents more easily to accept the child as he is. The acceptance in turn leads to a modification of the behaviour and to the growth of positive feelings of affection between parent and child. The righting of problems within the parent-child relationship is often sufficient to enable the young child to adjust automatically to broader social demands. The picture presented by the adolescent is more complex; one could instance the intelligent 14-year-old who, in the face of plenty of evidence to the contrary, insists on regarding herself as intellectually and socially inferior to her schoolmates and maintains an incapacitating stammer as an effective barrier to social contacts; or any of the youngsters whose overtly aggressive attitudes bring them into conflict with the law. With all these difficult young people there is often much to be gained by a deliberately fostered therapeutic relationship."

TUBERCULOSIS

The following tabulated statistics relate to the number of notifications of tuberculosis and deaths from that disease: —

TABLE III

Tuberculosis Notifications, School Children (5-15 years)

		1928	1938	1948	1958	1959	1960	1961	1962
Males	Respiratory ...	215	59	36	26	33	13	14	14
	Non-Respiratory	122	55	33	6	2	3	4	1
Females	Respiratory ...	192	58	43	35	21	11	12	9
	Non-Respiratory	122	63	16	5	4	2	2	1
Totals ...		651	235	128	72	60	29	32	25

DEATHS

		1928	1938	1948	1958	1959	1960	1961	1962
Males	Respiratory ...	12	3	2	1	—	—	—	—
	Non-Respiratory	19	5	9	—	2	—	—	1
Females	Respiratory ...	25	8	6	—	—	—	—	—
	Non-Respiratory	22	6	7	1	—	—	1	1
Totals ...		78	22	24	2	2	—	1	2

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

B.C.G. Vaccination

During the year under review B.C.G. vaccination has again been offered to children in their second year at secondary school, skin testing being carried out by the simple Heaf multiple puncture method.

Number of eligible children	11,667
Number of consents received	9,826
Percentage of consents...	84%
Number vaccinated	7,234

The percentage of consents dropped three per cent from the peak of 87 reached in 1961. The fact that the number of consents is as high as this level is due largely to the excellent co-operation from the head teachers and the work of the school nurses.

Despite these efforts, however, 962 children (8·2 per cent) whose parents had completed consent forms, failed to complete their immunisation, even though special absentee sessions were arranged. A further effort will be made to vaccinate these children during the coming year.

It is clear that parents of these children as well as the 16 per cent who did not complete consent forms do not or will not appreciate that, despite the great advances in the treatment of tuberculosis by modern chemotherapy, the treatment of the disease is still spread over many months, maybe more than a year, and that this in the life of a youth who has left the comparatively protected environment of school for industry or commerce may have serious social as well as health consequences. To prevent this, B.C.G. vaccination is made available.

The number of positive reactors totalled 1,630 which represents 18·4 per cent of those tested. This number, however, includes 325 children (3·6 per cent) who have a known familiar history of tuberculosis or have had B.C.G. vaccination at an earlier age. A sample analysis of these cases revealed that they were evenly distributed between the two factors. The percentage of positive reactors is significant and reveals the level of tuberculous infection in the community. Whilst on the one hand it is pleasing to record that this level has over the past four years stabilised itself at approximately half the rate for 1954 (34 per cent) when the B.C.G. vaccination scheme was introduced into Liverpool schools, it nevertheless underlines the greater need for B.C.G. vaccination in that by the age of 12 years, nine children in every 11 have not acquired any natural immunity against this disease.

Children given B.C.G. vaccination receive a subsequent conversion skin test: the effectiveness of the vaccine used is shown by the satisfactory conversion rate of 99·75 per cent.

All positive reactors are offered a chest X-ray at a chest clinic. During the year 1,376 new positive reactors were X-rayed, some of whom were tuberculin tested during 1961, and the results were as follows:—

No tuberculous lesions	1,211
Evidence of inactive tuberculous lesions	159
Active tuberculous lesions	6

The investigation of contacts of known cases or suspected cases of tuberculosis in schools is an important aspect of our work in the prevention of tuberculosis. 18 surveys were carried out and of 389 contacts who were skin tested, 26 had positive reactions. The 26 positive reactors were X-rayed and no further evidence of tuberculous infection was revealed.

During the year three teacher training colleges were visited for B.C.G. vaccination and 95 students were Heaf tested. Of these, 64 were positive and 31 negative. The latter group all received B.C.G. vaccination.

MISCELLANEOUS ITEMS

Immunisation and Vaccination

The arrangements made in previous years for the inoculation against diphtheria of children attending schools were continued. 410 visits were paid to schools at which 1,464 initial and 4,027 reinforcing injections against diphtheria were given; 219 initial and 1,198 reinforcing injections against whooping-cough and 381 initial and 1,198 reinforcing anti-tetanus injections were also given. In addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City. The inoculation of children is also being carried out by the family doctors.

The percentage of children unvaccinated against smallpox amongst those examined at the periodic examination in 1962 was 53·3 per cent.

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6·1. From then onwards a progressive increase in the percentage of unvaccinated children took place until 1945 when for the following two years some improvement was noticed. This year the percentage of unvaccinated children is the highest recorded.

The percentages of unvaccinated children for the years under consideration were:—

In	1909	the percentage was	6·1
„	1915	„ „	7·1
„	1925	„ „	16·3
„	1935	„ „	22·7
„	1945	„ „	31·0
„	1955	„ „	41·9
„	1960	„ „	48·4
„	1961	„ „	52·5
„	1962	„ „	53·3

Defects Amongst School Entrants

The school medical officers during their first examination of nursery and infant children keep a record of those defects which are either not known to the parent or, if known, have not been treated.

During the year under review this investigation continued and covered a total of 16,630 entrants to infant and nursery schools, 1,644 such defects being discovered. Many of the defects were of a minor degree and others of such a nature, for instance, 314 of defective vision, that it was not surprising that they had not been previously noted. On the other hand, numbers of relatively important disabilities were discovered such as squint, 158; otitis media, 44; hernia 29; defective hearing, 57; defective speech, 87; flat foot, 141; and 119 other orthopaedic defects.

Children and Young Persons Act

In accordance with the provisions of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and elsewhere, were submitted in 3,122 cases.

The Magistrates asked for special medical examinations to be carried out by the Education Authority in 111 cases for the following reasons:—

Ascertainment of maladjustment	106
Ascertainment of physical condition	5
	111

Candidates for Admission to Teachers' Training Colleges

In March, 1952, the Ministry of Education placed the responsibility upon the School Health Services of Local Education Authorities for the examination of candidates for admission to teachers' training colleges.

During the year 411 candidates were examined by school medical officers and their X-ray examinations were carried out at the Mass Radiography Centre in Liverpool.

Five candidates were referred to a consultant for an additional opinion before the final decision was made as to their suitability and of these one was found to be unfit for training.

A further candidate who had been found unfit for teacher training in 1961 again applied for a medical examination. The examining medical officer could not find any grounds for reversing the earlier decision.

Chest X-ray Examinations of Teachers

The Education Committee require all teachers entering their Service from other authorities to have a chest X-ray examination as a condition of their appointment. Where the teacher has already satisfied the Minister of his health and physical capacity for teaching, a further medical examination is not required. The Liverpool Mass Radiography Centre X-rayed 376 such teachers during 1962, and principal school medical officers of the other authorities arranged for the X-ray, at our request, of eight teachers residing in their areas. Satisfactory reports were received in all except one case. This one man was referred to a consultant chest physician who reported him free of disease.

Chest X-ray Examination of Non-Teaching Staff Employed at Schools

The Education Committee require all staff employed in schools who come into contact with school children to have a chest X-ray as a condition of their appointment. The Mass Radiography Centre carried out the chest X-ray of the following:—

505 Members employed in the School Meals Service (including 12 in establishments of further education).
27 School welfare attendants.
43 Nursery assistants.
29 Clerical assistants.

Of the 604 reports received, 599 were considered satisfactory in so far as they excluded the possibility of tuberculous infection. A further three were considered satisfactory but advice was given for a re-X-ray after a stated period. One woman was referred to a chest physician who reported her free from infection. Another woman, applying for a post of school welfare attendant, was found to have tuberculous activity and enquiries disclosed that she was under the care of a chest clinic.

A report was received from the chest clinic and she was found unfit for employment.

School Premises

The City Estates Surveyor reports that the following alterations and improvements were carried out on school premises:—

Sanitary improvements	19 schools
Re-surfacing of playgrounds	11 schools
Lighting improvements	13 schools
Ventilation improvements	5 schools
Improvements or renewal of heating installations, including conversion to oil firing	9 schools
Miscellaneous improvements, floors, etc.	2 schools

The City Architect also reports that the following education building projects were completed during 1962:—

Grove Mount Playing Fields ...	... changing accommodation
Yewtree Lane Playing Fields ...	... changing accommodation
Gilmour County Primary School	... kitchen extension
Dovedale County Primary School	... new kitchen
Northumberland School ...	... school classroom and toilets
Woodlands School, Deganwy ...	... additional classroom and toilets

NURSERY SCHOOLS

The benefits of nursery schools and classes are recognised by the school health staff as shown by the following reports.

Dr. Walden, a School Medical Officer: "The children certainly do very well, developing physically and gaining self-confidence and reliance."

Miss Dyke, the Deputy Superintendent School Nurse: "The demand for places in nursery classes is still far in excess of available places. In my opinion these classes and schools provide the answer to a number of social problems by removing the child from the home for part of the day and, at the same time, providing good social training, establishing good diet habits and supervised activity. This provision is of untold benefit to a child living in crowded conditions with constant discord in the home and equally so for the indulged only child."

A school nurse: "Nursery children when they attend an infant school are well settled down to school life; they are disciplined, self-confident, and ready to absorb their lessons. It is easy to pick these children out in a class, they are so self-assured and ready with their answers."

Another school nurse who works in a new housing estate comments: "There is a great disadvantage in not having a nursery class, the nearest

being several miles away from the area. I find that nursery classes are of great advantage to a certain type of child."

There are 1,190 places in nursery schools and classes and with few exceptions there is a waiting list for each school and class equal to the number of places.

There is now a shortage of nursery assistants and there are not enough candidates undertaking the training. It is possible that this latter situation is due to doubts as to future developments in this field.

HANDICAPPED PUPILS

Blind Pupils

Liverpool blind children are accommodated in various schools as shown in the table below, since no special school is maintained by the Authority:—

Wavertree School for the Blind	11
St. Vincent's R.C. School for the Blind, West Derby ...	7
Sunshine Homes	2
Henshaw's School for the Blind, Manchester	5
Condover Hall School for Blind Children with other handicaps	1
Royal Normal College, Rowton Castle, near Shrewsbury...	1
Chorleywood College for Blind Girls	2
	29

Partially Sighted

There are now 75 children in the Holmrook School for Partially Sighted Children, two children in Exhall Grange Residential School, Grammar School section, Warwickshire, and one child in Penbury Grove School, Buckinghamshire, which caters for educationally sub-normal/partially sighted children. (See also p. 70.)

Deaf and Partially Hearing

At the end of the year 1962 there were 119 deaf pupils and 66 partially hearing pupils attending Crown Street School for the Deaf, of whom 93 deaf and 32 partially hearing were Liverpool children. There were also three deaf children attending voluntary schools for the deaf.

There were 140 children with some hearing defect in ordinary or other types of special schools. Of this number 67 were equipped with hearing aids, 53 in ordinary schools and 14 in other special schools. 58 children attending ordinary schools are kept under active supervision by their

school medical officer after having attended lip reading and hearing instruction classes conducted by teachers from the School for the Deaf during the past few years. A further 15 pupils attended such classes during the year. In addition to lip reading instruction they are given training in the use of their hearing aids and in the use of their residual hearing and close touch is maintained with the teachers at their schools.

Epileptic Pupils

The Authority has no residential school for epileptic pupils. The 12 epileptic pupils at the end of the year were placed as follows:—

Colthurst School for Epileptics	6
Lingfield Hospital School	4
Maghull Home for Epileptics...	1
Soss Moss School	1
	12

During the year an "Epilepsy Clinic" was commenced. Dr. June Phillips reports:—

"Amongst the school population of Liverpool there are 504 known epileptics—305 of whom are having treatment, 199 being observed.

"It was felt that there was a need for a special clinic to care for these children and this was started in April, 1962. The aim of the clinic is to give advice on problems arising from the school placement of these children and on problems of general management. The Consultant Neurologist is Dr. J. Rees Roberts.

"During the year 31 children have been seen—these being selected because of particular problems. The reasons for referral to the clinic were as follows:—

"(*a*) Seven children, four girls aged five to eleven and three boys aged eight to ten, were brought forward by school medical officers because of a history of possible epileptic attacks and they were not having any treatment. Two were found to have had febrile convulsions in the past but were not thought to require any treatment. Two were referred with a history of 'attacks' in the past but, on investigation, these were not considered to be epileptic in origin and no further action was needed. One child had a history of convulsions and was not having any treatment. This boy was referred to the Consultant who had seen him soon after his first attack. One had convulsions in infancy and was now

suspected of having petit-mal. These attacks were found to be migraine and treatment was advised accordingly. One girl had a long history of frequent attacks and was not receiving treatment. She was referred for an electroencephalogram but did not attend. Follow-up revealed that the family was now living in Manchester and details were forwarded to that Authority.

"(*b*) Ten children, four boys aged five to 15, and six girls aged eight to 15, were known to have had epileptic or suspected epileptic attacks in school. In three cases the suspected attacks were not epileptic, and epilepsy was confirmed in six of the cases and treatment was commenced or adjusted. In the case of one boy who was having infrequent attacks in school it was decided that he should remain in an ordinary school and advice was given on school activities.

"(*c*) Six children, four boys aged nine to 15 and two girls aged 13 and 14, were seen to exclude epilepsy as a possible cause of violent outbursts of temper or difficult behaviour in school. No evidence was found in the 13-year-old girl. The other girl had had violent outbursts of temper in a residential school for educationally sub-normal pupils but no evidence of epilepsy was found. Her intelligence quotient was 54 and she was subsequently considered unfit for formal schooling and was referred to the Mental Health Department. Two boys, aged nine and ten, both confirmed epileptics, were seen to determine whether placement in a residential school for epileptic pupils was necessary in view of their very difficult behaviour. This was recommended in both cases.

"A boy, aged 14, was seen because of persistently bad behaviour. He had recently returned to an ordinary school from a day school for educationally sub-normal pupils. He was considered to be a regressing epileptic personality and was returned to the day school for educationally sub-normal pupils. A boy, aged 15, had been excluded from school because of violent behaviour. He had been a known epileptic for some years but, unfortunately, his parents had been unco-operative about treatment. Investigation, including air encephalography at Walton Hospital, revealed the characteristic appearances of tuberous schlerosis. He had also deteriorated in intelligence over the previous two years and was not considered suitable for education at school. Later his behaviour became so difficult that he had to be admitted to Rampton Mental Hospital.

"(*d*) Three girls, school leavers, were seen to be assessed on possible recommendations for employment. In one case investigation confirmed

that the girl was still a potential epileptic and advice on employment and treatment was given. In the other two cases epilepsy was not confirmed and no restrictions on employment were recommended.

"(*e*) A known epileptic was referred by the Maternity and Child Welfare Section for advice on school placement. The girl, aged 4+, had an intelligence quotient of 24 and formal schooling was, therefore, unsuitable for her. Attendance at a training centre was arranged.

"(*f*) Two boys, aged nine and twelve, were referred by the Child Guidance Centre. During the course of investigation there they had been found to have abnormal electroencephalograms. In neither case was further investigation or any treatment thought to be necessary.

"(*g*) A boy, aged 14, was referred by an orthopaedic consultant as a possible case of Friedrich's Ataxia. This was subsequently confirmed after investigation in hospital.

"(*h*) A boy, aged seven, was seen to advise the parents of the necessity for his admission to a day school for physically handicapped pupils. He had had a head injury resulting in a slight residual incomplete dysphasia and a right inferior quadrantic homonymous hemianopia."

Delicate Pupils

During the year 128 children were recommended for admission to day open-air schools and 24 for admission to residential open-air schools. At the end of the year the number of children on the roll of each of the two day open-air schools were as follows:—

Fazakerley Open-Air School	269
Underlea Open-Air School	220

(See also pp. 70-72.)

Physically Handicapped Pupils

During the year, 34 children were recommended for admission to day schools and two children were recommended for admission to residential schools for physically handicapped pupils. At the end of the year the number of children on the rolls of the schools for physically handicapped pupils was as follows:—

Residential Schools

Children's Rest School of Recovery	50
Abbot's Lea School	64
Bradstock Lockett Special School and Hospital	1
Halliwick School for Physically Handicapped Children ...	1
Birtenshaw Hall School for Spastic Children	1

Day School.

Sandfield Park School	199

(See also pp. 73 and 74.)

Home Teaching

Home teaching was provided for 48 children who, for various reasons, were unable to attend school. This provision, whilst it enables children to benefit from education which would not otherwise be available to them, cannot, of course, be as satisfactory as full-time education. For this reason every child on home teaching is seen at each holiday period by the school medical officer when their progress and physical condition is reviewed. By this means no child is excluded from attendance at school any longer than is absolutely necessary.

At the end of the year there were 21 children still receiving home teaching, as follows:—

Post head injury	3
Epilepsy and behaviour difficulties	1
Spina bifida	4
Other spinal defects	2
Fallot's tetralogy	2
Renal calculi	1
Fragilitas ossium	2
Portal hypertension	1
Pseudo hypertrophic muscular dystrophy	1
Nephritis	1
Colostomy	1
Renal rickets	1
Myotona congenita	1

Of the 27 children discharged from home teaching during the year, 13 were short-term cases requiring this provision for only a few months. Of the remaining 14, 10 children were placed on home teaching for a period of approximately four months only after having been in-patients at hospitals. The other four children who were discharged were long-

term home teaching cases whose conditions had responded to treatment to the extent that they could be re-admitted to school.

Home Visits

76 visits were paid to children's own homes by school medical officers during 1962, and six visits to hospitals. 62 of these visits were to children on home teaching who are examined during each of the main school holidays, or concerned children who were subsequently recommended for home teaching.

12 of the examinations were carried out under the provisions of Section 57 of the Education Act, 1944, the children being subsequently referred to the Local Mental Health Authority as unsuitable for education at school.

The remaining two visits were to children considered too physically handicapped to travel to the office for examination, and resulted in the children being recommended for admission to schools for physically handicapped pupils.

Pupils Suffering from Cerebral Palsy

In addition to the 17 Liverpool cases of cerebral palsy resident at Greenbank, there were 294 cases of cerebral palsy in Liverpool among children between the ages of two and 16, as follows:—

Attending ordinary schools	77
Attending Selective Secondary Schools	4
In other special schools—	
Day School for Educationally Sub-normal Pupils ...	40
Day School for Physically Handicapped Pupils ...	69
School for the Deaf	1
Residential Special School for the Deaf	1
Day Open-Air School	5
Residential Open-Air School	2
Holmrook Partially Sighted School	3
Sandfield Park Nursery	14
Private Schools	1
Residential Educationally Sub-Normal/Physically Handicapped School, out of the City	1
Not attending school—	
Under Age...	9
Notified to Local Health Authority as unsuitable for education at school	67

Educationally Sub-Normal Pupils

The Authority has five residential schools for educationally sub-normal pupils with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	72
The Woodlands School, Deganwy, for Boys	60
Thingwall, Broadgreen, for Girls	40
Oakfield, Gateacre, for Girls	30
Beechwood, Aigburth, for Girls	60

The Authority also maintains one educationally sub-normal pupil at the Ronald House Day Special School, Crosby.

There are 19 day special schools for educationally sub-normal pupils with accommodation for 2,266 pupils. The schools are Beechwood, Brookside, Clubmoor, Dingle Lane, Kepler, Kilrea, Frinsted, Greenways, Margaret Beavan, Nelson, Northumberland, Oakfield, Queensland, Richmond, Sandon, Springfield, Stanley, Stoneycroft and Thingwall. (See also pp. 74-81.)

Examination of Children Referred as Educationally Sub-Normal

During the year 1,345 educationally sub-normal pupil examinations were carried out. The criteria for ascertainment in these cases is not based solely upon intelligence quotients but includes other factors such as attainment levels, recent progress, special provision which may have been provided in the child's ordinary school and, of course, whether a child is under any strain in coping with the work of his present school. This can be seen from the following tables which show children with intelligence quotients similar to or below those of children ascertained who were allowed to remain at ordinary schools :—

ASCERTAINED AS EDUCATIONALLY SUB-NORMAL

	Pre-School	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	Total
I.Q. below 60 ...	21	10	6	8	3	3	—	2	2	2	—	57
I.Q. 60—69 ...	11	15	12	19	16	25	10	7	6	1	3	125
I.Q. 70—79 ...	1	3	8	28	59	79	24	21	11	2	2	238
I.Q. 80+	—	5	7	11	23	35	18	10	2	1	—	112
Total ...	33	33	33	66	101	142	52	40	21	6	5	532

	Pre-School	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	Total
I.Q. below 60 ...	—	—	—	—	—	—	—	—	—	—	—	—
I.Q. 60—69 ...	—	—	1	1	—	2	—	1	1	—	—	6
I.Q. 70—79 ...	1	1	1	5	11	16	3	6	5	5	2	56
I.Q. 80—89 ...	2	5	8	11	19	18	12	13	3	4	—	95
I.Q. 90—99 ...	—	4	6	5	13	10	4	1	1	—	—	44
I.Q. 100+... ...	1	2	3	2	8	7	2	2	—	—	—	27
Total ...	4	12	19	24	51	53	21	23	10	9	2	228

There are 150 children in these groups with intelligence quotients ranging from 70 to 89 and with mental ages from $6\frac{1}{2}$ years to $8\frac{1}{2}$ years. When one looks at the attainments of these children (shown in the following table) it is quite clear that many of them were so retarded educationally that transfer to day schools for educationally sub-normal pupils was the only possible decision. With the expansion of the number of places in special schools in Liverpool this group of children is now very well catered for and there is little delay in securing vacancies for them. At the same time, it is disturbing to note that the 228 children to remain at ordinary schools were considered to be so retarded as to merit special examination. In addition to this, as so many of the children examined were found to be working below their potential, in the absence of special provision for them, some were recommended for transfer to schools for educationally sub-normal pupils, particularly where the retardation was coupled with behaviour or school attendance difficulties. For this reason there are children in the former group with intelligence quotients and attainments identical to those in the latter group who were allowed to remain at ordinary schools. This fact is illustrated in the following table which shows the reading ages of the 9-year-olds found to have intelligence quotients between 70 and 89 :—

Reading Age	Ascertained as E.S.N.	To remain at ordinary school	Total
4+ years	42	—	42
$5\frac{1}{2}$ years	27	—	27
6 years	21	4	25
$6\frac{1}{2}$ years	8	9	17
7 years	10	8	18
$7\frac{1}{2}$ years	4	8	12
8 years	2	5	7
8+ years	—	2	2
Total	114	36	150

The extent of educational retardation amongst children of good intellect is further highlighted by the fact that, in addition to those referred to above, 335 children were referred to the child guidance centres for remedial teaching. This latter group manifested emotional symptoms resulting from a sense of failure and frustration in the basic school subjects. Unfortunately, as will be seen from the report of the work of the child guidance centres (see p. 35) there is now a rather lengthy waiting

list for this provision with the result that many children are denied the immediate help that they need.

For many years the aim has been to ascertain, as soon after the age of eight years as possible, those children who are in need of special educational treatment. The object being to ensure that no child is left struggling in an environment to which he is unsuited and so that the teachers in the special schools will have ample time in which to help him. It is essential, in order to achieve this objective, to have the full co-operation of the head teachers of ordinary schools in bringing retarded children to the notice of the school medical officer. It is encouraging to note, therefore, that during the year only 32 children over the age of 11 years were ascertained as educationally sub-normal and that the peak figures for ascertainment were at the ages of eight and nine years. An analysis of the reasons for these late referrals shows that five children were immigrants to the city and nine children had been under observation earlier but had failed to maintain the slow but steady progress noted at earlier examinations. Only 18 of these children had, in fact, progressed through their ordinary schools to this age without having been referred as educationally sub-normal. Even though this number is small it is disquieting to note that of these 18 children seven had attainments of five years or less, six had attainments at only the six-year level, and the remainder had attainments at the seven-year level. These children were obviously out of their depth in ordinary schools and because of their lack of ability in the basic subjects could not possibly have derived much benefit from the curriculum of the schools. Not surprisingly the parents of children recommended for transfer to special schools late in their school life are indignant and it is in this group that many of the objections to the school medical officers' decisions are received. It is very difficult to persuade parents of the advantages which will accrue to their child from transfer to special schools when, in fact, there is little time left to these schools in which to remedy the child's shortcomings. (See also pp. 74-81.)

Maladjusted Pupils

There is accommodation for 30 boys in the Aymestrey Court Residential School for Maladjusted Boys. There were also 10 Liverpool boys in voluntary schools for maladjusted pupils at the end of 1962. During the course of the year there were 10 new admissions to the Aymestrey

Court School and 10 discharges. There were two new admissions to out-of-City schools and three discharges.

During the year 17 children were ascertained as maladjusted pupils and were recommended for admission to residential schools. (See also p. 81.)

Head Teachers' and Medical Officers' Reports

With the continued expansion in the number of special schools the point has been reached when it is no longer possible to quote head teachers' reports in full. Highlights from these reports have been extracted and are quoted below.

Miss A. T. Cameron, Head Mistress of the Holmrook School for Partially Sighted Children, reports:—

"Attendance was very good at over 90 per cent.

"Only one parent refused to take advantage of the offer of B.C.G. vaccination.

"Two members of the staff attended the Ministry of Education's Short Course for Teachers of Partially Sighted Children."

Mr. W. F. McMenamin, Head Master of the Underlea School, states in his report:—

"Attendance was 74·6 per cent of possible attendances, the lowest for over nine years. As there are many pupils who cannot, or should not, be out in bad weather conditions, I do not regard this as serious: 1962 had an unusual amount of bad weather."

Commenting upon the bad record of attendance of individual children, his report continues: "For example, a girl admitted in June has attended intermittently on 12 days only; a second has been present on three days only since admission in September; and a third a total of 20 days at intervals since admission in April. The last mentioned child has made two Court appearances and a third is pending. Fines of £1 were twice imposed. On the second appearance the child was told in court that she must attend school the following day. This was ignored, and weeks later the child appeared in school after the service of a third summons. Each of these girls appears to be robust, nor does the medical history in two cases suggest a serious condition. The third has a rheumatic heart which might require normal care and occasional absence; here, however, the careful medical supervision which would have been given in school has been missed. Many such examples might be quoted, perhaps not so

blatant, but serious in that over the whole of school life education has been needlessly intermittent. Such children have a tremendous braking effect on the educational progress of the majority."

Dr. June Phillips, School Medical Officer for the Underlea School, reports :—

"There have been 220 children on the rolls of Underlea during the year.

"The majority of the 32 children with chronic bronchitis have been chesty since infancy: in three cases the tendency to frequent bronchitis had followed whooping-cough at an early age.

"All 19 children with bronchiectasis were under consultant supervision: lobectomies had been performed in 10 cases and was being considered in a further case.

"Four children were in attendance who had previously attended the School for the Deaf and had been transferred as their speech, hearing and attainments were considered sufficiently good as to make integration possible. All appeared to have settled well and to be making progress. One other girl had been returned to the School for the Deaf because of behaviour difficulties.

"Of the 11 children with cardio vascular conditions, four children have had rheumatic fever (two being left with mitral incompetence); four have congenital heart defects (one of these also has hypoplastic kidneys); one has pulmonary stenosis and hypertension; one subendocardial fibroelastosis, and a girl, aged 14 years, has aplastic anaemia which was discovered soon after birth.

"There were seven children who have had primary tuberculosis and whose general condition gave cause for concern. Two now have recurrent bronchitis and three were returned to ordinary schools during the year.

"There were 17 children with the following disabilities :—major epilepsy; petit-mal (2); maladjusted (3); Friedrich's ataxia; nephrosis; neurodermatitis migraine; spastic hemiplegia; spastic diplegia; achondroplastic dwarf; hypothyroidism; extensive scarring following burns (2); congenital deformity of the spine (post-operative); purulent ethmoiditis.

"The largest group of children were the asthmatics, comprising 56 boys and 19 girls. Of these nine boys and four girls left during the year, all but three boys returning to ordinary schools. The length of stay of the girls varied between two and eight years and of the boys from one to

seven years, whilst their ages on admission varied between five and 13 years.

"We have taken particular interest during the year in the group of 55 debilitated children and noted that in every case the word 'debility' appeared under diagnosis on Form 4 H.P. when entry was recommended to day open-air school.

"Four children were considered to be debilitated following operations; three had had congenital heart defects and were making slow progress in improving their general condition, whilst the other child had had a nephrectomy.

"Of the 10 children debilitated following recurrent bronchitis, three were also having frequent tonsillitis. Three children looked tired and came from poor homes. The home was judged on general care and not necessarily on the housing conditions.

"A further eight children were sent as cases of debility and asthma, habit spasm, anaemia, chronic otitis media, infantile eczema, poliomyelitis (two), whilst one had had hospital treatment for torticollis.

"I thought that the remaining group of 30 debilitated children were the most interesting, as a study of the cases revealed relatively little reason for their debility. Many in this group are irregular attenders for often doubtfully genuine reasons. 12 come from poor homes. 'Ineffectual' or 'casual' care are the descriptions most often used for this group. Several looked tired and despite repeated advice one child was most definitely suffering from lack of sleep.

"There were seven whom I thought to be over-protected and they were probably over-anxious about their state of health. 'Anxious and tense child', 'often provocative and difficult', 'suffers from nerves', 'tearful and timid', 'pale and tired-looking', 'needs confidence in himself', 'immature', are frequently recurring phrases in the description of these children.

"My general impression is that home-care and the attitude of the parents to the health of these children play a very large part in their return to good health. The education of parents is a most important part of the work undertaken on behalf of these children.

"54 children left the school in 1962. 38 returned to ordinary schools, two went to the Abbots Lea Residential Open-Air School, six to day or residential schools for educationally sub-normal children, one child returned to the School for the Deaf, and seven left at school leaving age."

Physically Handicapped (Day Schools)

Mrs. K. M. Fairhurst, Head Mistress of the Sandfield Park School, reports:—

"Our general impression is that the main school is now made up of more severely handicapped children than ever before. From the educational aspect we can also say that never before have we had so many backward and retarded children. In fact, the educational ability of some children is extremely low. We therefore have a school composed of children many of whom can be classed as dual or even multi-handicapped. Working alongside these there are, of course, children whose academic attainments are promising. Because of these facts the teaching situation is extremely complicated.

"Speech therapy has been introduced this year and some very valuable work is being done.

"During the year 49 children have left. 15 were over-age; 22 were physically fit to be transferred to ordinary schools; six were transferred to other special schools; two were ineducable; one was placed on home teaching; two were placed on the Reserve Register and one left the City. In their places 49 new children were admitted. This is an amazingly large yearly change-over for a physically handicapped school."

Physically Handicapped (Residential Schools)

Miss C. M. Williams, Head Mistress of the Abbots Lea School, reports:—

"Four resident pupils attended grammar or technical schools. Of the 46 new admissions during the year, 50 per cent were suffering from asthma or other chest conditions. Of the remainder, many were behaviour problems who responded well to the individual attention given to them. A most useful increase in 'out of school' activities was made possible by the gift of a Minibus during the year.

"The average length of stay of the children who left this year was four terms."

Miss H. L. Long, Head Mistress of the Children's Rest School of Recovery, reports:—

"The general health of the children has been remarkably good throughout the year. We have had no cases of infectious disease and very little minor sickness. The children have continued to do well in their physical education and swimming. Many of the cerebral palsied children have made very good progress.

"As a result of the increased mobility among the children it was decided to take a group of 24 to Llangollen for a week in July, staying at Plas Geraint, the house belonging to the Liverpool Union of Youth Clubs. As this was an entirely new venture for the school only those children who were at least partly independent were taken. For many of them it was their first introduction to the countryside and, for a surprising number of them, the first time they had been out of Liverpool for longer than a day. Their response to this new situation was truly remarkable. Those children who had been content to sit back at school accepted the new challenge and proved themselves capable of much more than we thought possible. We had a visit from one of Her Majesty's Inspectors during the week and she was equally impressed with what they were doing and their obvious enjoyment. So successful was the week in July that a second visit was paid in October."

Educationally Sub-Normal (Day Schools)

Mr. J. D. C. Jones, Head Master of the Brookside School, reports:—

"Seventeen boys progressed so well that they were allowed to return to ordinary schools during the year.

"The Higher Lane Extension was closed at the end of the year and this will clearly mean a reduction in administrative difficulties."

Mr. C. R. Gladwin, Head Master of the Clubmoor School, reports on a successful and active year but remarks on the frequency of defective speech amongst the pupils.

Mr. P. S. Roberts, Head Master of the Dingle Lane School, reports:—

"Fourteen boys were allowed to return to ordinary schools.

"A plan was started in the field of 'after care'.

"All boys over the age of 13 years were invited to join the School Club which is held every Tuesday and Thursday from 4.0 p.m. to 5.30 p.m. Activities cover a wide range of indoor games such as billiards and table tennis. A start has also been made on the first of three canoes which will be used on the lake at Greenbank Park. Associated with the Club is a Life Saving Class which meets from 4.0 p.m. to 5.0 p.m. every Wednesday at Northumberland School Baths. The class consists of girls from the Northumberland School and boys from Dingle Lane School.

"This brief account of the club activities would not be complete without a mention of the School Sailing Club. We have indeed been most fortunate in obtaining the use of a cabin cruiser which is the property

of a Liverpool school master. Senior boys of the school made their contribution to the venture by spending many hours at the docks on Saturday mornings preparing the boat for the sailing season. The school is indebted to a number of friends who helped the project by giving goods and technical assistance free of charge. The dinghy acquired by the school had also to be sandpapered and varnished by the boys. Many happy hours were spent pottering around the boat and having the occasional cruise on the river or rowing the dinghy in the quiet atmosphere of the Albert Dock. The peak of our sailing activities was the camping holiday at Acton Bridge, Cheshire, during the Whitsun week-end.

"I have personally no doubt that this experience will have a good effect on the development of character, self-reliance and initiative. I am also pleased about the good impression which the boys have made on the police and dock-gatemen in the dock area—at no time have the staff had cause to be concerned about the behaviour of our boys. The staff and I hope that the many-sided activities associated with the School Club will create a desire in the boys and girls to continue their association with the Club after they have left school. It is only the ever-present question of finance that can put a brake on its expansion into the 'after care' period. At the moment the success and continuity is dependent on the goodwill of staff and friends of the school."

Mrs. E. I. Muir, Head Mistress of the Greenways School, reports:—

"The school first opened in January, 1962, the number of pupils rising to 30 by March. The age range was from 5 to 8 years, and a wide range of social backgrounds was found. The children were divided into two groups by mental ages.

"The greatest problems presented by the children were speech defects and, in the lower mental ages, social habits. At the beginning, a large proportion of the time of the nursery assistants was taken up in cleaning and assisting to train the children responsible for these problems.

"Health in general has been good except for several absences due to measles, chicken-pox, and other children's common sicknesses.

"A considerable improvement has been made in the speech of the children, special efforts having been made to this end, and in one case a spastic child (female) has made a big improvement in her walking.

"The relaxed and friendly atmosphere which I and my assistants have

endeavoured to maintain has brought considerable improvement on the general attitude of the children to their elders.

"The year's work has shown that a high proportion of the entries have, or will, benefit sufficiently to move on to junior schools, and in my opinion the scheme has been shown to be worthwhile and deserves consideration for further expansion."

Miss E. Bailey, Head Mistress of the Kilrea School, reports:—

"Steady scholastic progress has been made by most of the children, but no less important is the marked increase in confidence, self-esteem, emotional stability and independence shown by so many of the children. This gradual emergence of a stable personality is always a cause for satisfaction."

Mrs. P. Deam, Head Mistress of the Northumberland School, reports:

"In September we opened three new classrooms. This is of great benefit to the girls in that the school is better balanced with three junior classes, housed in the new attractive classrooms, which establishes a better start—three intermediate classes and three senior ones. This means that each girl will only be in the same class for one year: even going-up is an incentive to learning.

"Since September our 'after care' has been added to by means of a joint club night and life-saving class with the Dingle Lane School. Although at this stage only the older girls who are still at school are in the club, we hope that they will carry on with this when they start work, and that other branches of 'after care' will be added to it."

Dr. Muriel C. Andrews, School Medical Officer for the Sandon School, reports:—

"Again one is impressed by the number of pupils coping with a dual handicap. Added to their problem of educational sub-normality, so many have an added physical defect, or the trial of an unsatisfactory home environment. It is often far from easy to obtain personal contact with the parents in the latter cases as, partly due to the long distance of the school from their home, they are not willing to make the effort to come along. In such circumstances the help of the school nurse is invaluable, and we are grateful for her kindly approach and understanding towards those mothers who are often over-burdened and overwhelmed by their problems."

Mrs. I. D. Gee, Head Mistress of the Springfield School reports:—

"At the Folk Dance Festival a team of girls were partnered by the

boys of Dingle Lane School. This venture proved most successful, as also have our evenings with the boys of Stoneycroft School. We invite them one evening a month to a dance session with our top class girls and leavers.

"During the year 19 girls left to take up employment and 11 others were returned to ordinary schools.

"Some 18 girls in employment return to see us once a fortnight when the school is opened and staffed from 7.0 p.m. to 9.0 p.m. for this purpose."

Educationally Sub-Normal (Residential Schools)

Miss M. F. Shorten, Head Mistress of the Beechwood School, reports:—

"The general standard of work and progress was good and six children were allowed to return to ordinary schools.

"15 younger girls were admitted to the residential section, improving the age range and resulting in a happy year free from serious behaviour problems."

Mr. D. A. Troilett, Head Master of the Crookhey Hall School, reports:—

"From the scholars' detailed Personal Record Cards and the school Admission Book, I established that exactly 100 boys had left the school during the period from September, 1958, to July, 1962. This number was then broken down into the following established categories:—

Transferred to day special school	44
School leaving age	27
Returned to ordinary school	22
Excluded—Mental Health Act	3
Approved School	4

"The general range of intelligence quotients during this period was 48 to 85. From this it will be seen that the majority of the pupils sent to Crookhey Hall lie within the accepted educationally sub-normal standards of intelligence quotient 50 to 75. The average length of stay of each pupil was two years 10 months.

"Of the pupils who stayed here until they were 16, 27 boys benefited from a full course of social and educational treatment. During their final year, 15 to 16 years of age, new schemes were adopted and a separate department was organised for the school leavers. Three pupils were excluded as unsuitable for education, and four were committed to approved schools during the period. Considering the increasing

proportion of juvenile delinquents arriving at boarding schools, this figure is surprisingly low, and shows that many pupils realised the advantage of boarding school life as a training for post-school living.

"Perhaps the most encouraging figure is the percentage of pupils de-ascertained and returned to secondary schools in Liverpool. The figure of 22 per cent proves the enormous benefit which boys who are willing to co-operate can derive from our residential schools. I would further state that, if an effective liaison could be established between this school and every home, this figure could very well be increased. We are too often disturbed by the attitude of the parents, who fall roughly into three categories, and often the last two categories defy all our efforts to bring about a close understanding and harmony between home and school. The percentage of parents who realise the wisdom of the move to residential school is surprisingly low, but there is no doubt that sons of all these parents do make enormous steps forward, both educationally and socially. The second group of parents are those whose sons arrive here after appearing in the Juvenile Court, and who look upon their admission as a sentence of that Court. Their sons are never allowed to settle and, as soon as the period of probation ends, they apply at once for the boy's return to Liverpool. Thirdly, we face the group of parents who show a general apathy and are content to pass the burden of a wayward son to a boarding school and make no constructive contribution themselves to our efforts here.

"The need for organisation of 'after care' of our pupils by an extension of the Queensland Evening Institute scheme throughout the City and the establishment of a class for our handicapped pupils in each district evening institute, is a prime necessity. I am sure the proposed apointment of a liaison officer, with responsibility for interviewing parents who are unco-operative, will help enormously in our struggle for home and school co-operation, and will lead to greater success of our boarding schools.

"With the help of Miss B. Leicester of the Handicapped Pupils Section of the Youth Employment Bureau, who has kindly conducted a survey of the 37 school leavers, the following picture of post-school employment was obtained.

A.B.	Plastics factory—van and warehouse work.
R.B.	Medical supplies—care of animals.
B.C.	Parks and Gardens Department—gardening.

P.D.	Cattle food factory labourer.
P.D.	Furniture making.
R.D.	Contractor—jobbing.
T.E.	Has not worked—ill health.
W.E.	Bed frame making.
G.F.	Confectioners—bakery assistant.
F.G.	Market porter.
R.G.	Local farm work.
G.H.	Market gardening.
D.K.	Dairy—milk roundsman.
F.L.	Local farm work.
A.M.	Coal mining.
P.M.	Local farm work.
J.O.	Local farm work.
J.P.	Joinery—furniture making.
W.R.	Tyre fitting.
J.S.	Farm work.
J.S.	Tin canister making.
R.W.	Cooked meat factory worker.
T.W.	Butcher's assistant.
F.C.	Textile factory labourer.
R.L.	Fire extinguishers—delivery van.
G.L.	Work on tugs, Salford.
W.M.	Glues and chemicals—factory labourer.
F.M.	Farm work.
R.O.	Packing Case Company—warehouse assistant.
P.O.	Farm work.
N.T.	Drum painting.
J.W.	Labourer in woodwork department.
J.W.	Gymnasium equipment—messenger and packing.
J.O.	Furniture factory—work in upholstery department.
T.G	Pipe lagger.
B.H.	Local farm work.
A.B.	Hotel kitchen work.

"Finally, I should like to pay a sincere tribute to Dr. A. M. Brown for his help in resolving so many of our problems, and to Miss Leicester who, though the employment position on Merseyside causes school leavers such apprehension, is still managing to place our handicapped children."

Mr. F. Kerans, Head Master of the Woodlands School, reports:—

"A summary of the details of admissions to the Woodlands School during the period from January, 1960, to January, 1962, reveals something of the problems which had to be faced in this boarding school during the past year:—

Total number on Roll	... 60
Number admitted since January, 1960	... 39
I.Q. range of admissions	... 47 to 88
Age range of admissions	... 6 to 15 years
Average I.Q.	... 70
Average age	... 10

"The ages and number of pupils who were admitted are shown as follows:—

6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years
3	5	2	8	5	2	9	3	1	1

"A high proportion of the boys were further handicapped by strong overlying problems of emotional and social adjustment.

"It is observed that marked progress is made only by children who have had time to stabilize and the opportunity to learn to participate fully in the activities of the school. The results in the lower classes may seem disappointing, but it is here that the foundations are laid for the excellent results obtained with the older boys.

"We are pleased to report that seven boys succeeded in passing the First Series of the Duke of Edinburgh's Award. The activities taken were first aid, mountaineering, camping, sailing and physical education. The awards were made at the school by the Marquess of Anglesey and Commander Rugg, R.N.V.R. The training for the Bronze Award was undertaken as an experiment. Despite the fact that only the more capable children were selected from 'volunteers', it was still thought that only a small percentage would maintain interest, or achieve the high standards laid down for the award. Seven out of eight children succeeded in gaining the award. This was a very creditable achievement and the boys deserve much praise for their efforts.

"A second group of boys are now undergoing preliminary training on the mountains and on the boats so that they can aim at taking the award next year. The newcomers are being trained in map reading and the use of a compass. Award winners act as their guides and mentors. The Sailing Club now possesses a two-berth sailing cruiser and this has been used for sea trips and overnight cruises to the Island of Anglesey. At the end of 1962 we propose to exchange this yacht for a larger cruiser which will enable eight boys to sail and cruise in reasonable comfort. The boys were very thrilled to discover that they helped to crew the boat which won the Talbot Trophy this year and this cup now has a place of honour in the school.

"Three canoes have been built and we have purchased two more. These have been used for training purposes on the swimming pool and at the annual school camp at Anglesey where we were able to train boys

in a safe, shallow lake. The River Conway is tidal and needs to be treated with great respect. The boys will need much careful training before they are ready for river exploration, and this training will be given next year.

"The position with regard to our 16-year-old leavers is giving rise to much concern. If the present level of unemployment continues on Merseyside it may well be that the Committee will feel that it is necessary to create special sheltered workshops to cater for the needs of these boys. Since July, 1961, 10 boys have left at the age of 16. A recent survey of these leavers revealed that two boys were in employment, three were unemployed and five had been placed in a Training Centre. It must be accepted that a Training Centre, catering as it does for severely sub-normal people, is by no means the ideal establishment in which to place children leaving special schools.

"During the same period 10 boys were transferred to day special schools, two to ordinary schools and two were sent to approved schools."

Maladjusted (Residential School)

Mr. B. Heaney, Head Master of the Aymestrey Court School, reports :

"Eleven boys were discharged during the year, the average length of treatment being 19 months.

"The staff has remained unchanged throughout the year which has greatly assisted in continuous therapy.

"Several boys have attended evening institutes and similar courses have been started in the school for selected pupils."

Dr. Muriel C. Andrews, School Medical Officer for the Aymestrey Court School, reports :—

"All the pupils have now been placed under the care of one psychiatrist, who visits the school regularly. This arrangement works very successfully and enables the boys and their parents to be interviewed on the premises, a time saving procedure, with the added advantage that all associated with the children in their every day life are readily available when reports are required by the psychiatrist."

SPEECH THERAPY

Mr. W. G. Good, the Senior Speech Therapist, reports :—

"The following figures indicate the total number of cases treated for speech disorders during 1962. 157 cases were discharged as having normal or much improved speech.

Defect	Boys	Girls	Total
Stammering	152	37	189
Dyslalia	181	73	254
Dysarthria	9	3	12
Cleft Palate	3	2	5
Total	345	115	460

"Shortage of staff continues to be the main problem in providing an adequate speech therapy service. During 1962 Mrs. Humphries and Miss Allen left the service and Mrs. Park was appointed on a sessional basis. Speke Speech Clinic was closed but a new speech clinic was opened at the Toxteth Health Centre.

"Apart from treatment, weekly 'assessment' clinics were carried out by the staff to select cases for treatment and to advise parents of children whose condition does not warrant therapy. 54 sessions were carried out and 434 children attended for assessment.

"During the year a most unusual case was referred to the service for opinion.

"Anne D., aged five, had been under the care of a consultant neurologist for a period of one year. At four years of age Anne had no speech whatsoever and did not appear to understand what was said to her. Such a lack of comprehension for speech is not unusual in young children of three and four years of age and a number of such cases are seen each year.

"Generally at five or six years of age the condition is much improved, particularly where hearing is normal, the level of intelligence average, and where the emotional development of the child is satisfactory. However, Anne had shown no improvement in either her comprehension for speech or her ability to speak. Her level of intelligence was stated to be normal (intelligence quotient 105), hearing adequate for speech, and nothing abnormal was noted with regard to behaviour.

"During tests at the speech clinic several interesting facts emerged. Anne seemed unable to carry out the simplest of verbal commands.

Various articles—key, box of matches, penny, pencil, etc., were placed in front of her. When asked 'Show me the penny', Anne gave the impression that she was listening carefully but failed to point to the required article. She failed to select or even attempt to select, the remaining articles when asked to do so.

"When shown the key, she said 'Dadda', a penny produced 'Mama' (her grandmother provides her pocket-money). Anne was quick to relate the articles to people in her environment when they were shown to her. She was co-operative throughout the tests and although apprehensive at first, seemed to enjoy them tremendously.

"There was no attempt at lip reading during the test, or any sign of abnormal behaviour.

"She was quick to match colours, shapes, etc.; indeed, her responses were very quick when she was provided with a visual cue, but comprehension for speech was completely lacking.

"If there is no comprehension for speech there can be no development of speech, and there are very strong indications that Anne may have a condition termed 'congenital auditory imperception'. This term implies that the individual hears normally but cannot relate meaning to speech. This is a very rare condition indeed and only a few cases have ever been confirmed. There are many children who cannot speak or understand speech but on examination they are found to have sub-normal intelligence, inadequate hearing, or show autistic behaviour.

"As far as Anne is concerned, she appears to have none of these symptoms and at the moment is waiting to visit Moor House School in Surrey for a final diagnosis.

"She appears to be a very handicapped child."

Medical and Dental Arrangements

The routine medical examinations and the general medical care of the special schools outside Liverpool are carried out by local medical practitioners whilst both specialist and dental treatment are provided either under the local authority's arrangements or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children. Medical treatment under the Authority's schemes was carried out as follows :—

Defective vision	348
Tonsils and adenoids	34
Aural conditions	34

whilst children suffering from minor ailments were treated at the schools.

The following table shows the work carried out by the dental staff of the School Health Service at the special schools :—

TABLE IV

Number of inspection sessions	7
Number of treatment sessions	23
Total number of sessions	30
Number of children inspected	550
Number of children requiring treatment	362 (65·8%)
Number of children treated	232

Physical Education

Miss E. A. Gee, Adviser for Physical Education, reports :—

"As in all other aspects of education the content of and the methods used in physical education have been under review during the past ten years. Gradually a complete change in the approach to the subject has evolved. No longer is the success of a series of lessons judged by the skill and precision with which a class of children can perform a set of exercises directed by the teacher, or perform a number of stereotyped skills on varying pieces of gymnastic or agility apparatus. The ability to perform movements in this way is by no means valueless but the adoption of an approach to physical education in which the needs of a physical difference of the individual are taken into account. Two of the main aims of the current methods used in physical education are :

"(1) To give the children a wide experience of movement which makes it clear to them how great and varied are their powers of movement.

"(2) To assist the children to be able to use these powers in an efficient and economical way to perform any physical task with which they may be confronted. The task might be the acquisition of a known skill or the mastery in their own individual way of a task set by the teacher.

"This is not the place to enlarge upon teaching method and content of a physical education scheme in a school but in a report of the progress of work in special schools it seems relevant to indicate how appropriate these more enlightening methods are in the education of children with individual mental and physical handicaps. Many schools in Liverpool have based their physical education schemes on current methods and it is gratifying to report that in these schools not only do the children show marked improvement in their general movement but some teachers rightly

claim that the mental exertion demanded from the children to fulfil challenging tasks in the physical education lessons has a carry-over value into the classroom which is too great to be ignored. Where the work has been used in schools for physically handicapped children the results continue to be dramatic. Children in these schools learn to make use to the full of powers of movement they still possess. The environment in which they have lessons is both challenging and exciting and the sense of achievement the children experience here has a marked effect upon their confidence.

"Without doubt physical education has a great potential value to children in special schools but its development has not yet been fully grasped. If more time could be allowed for the subject it cannot be discounted that use of time in this way would produce results in the general development of children which would stimulate educators to re-consider how best to solve the problem of the time-table."

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1962

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963 as in Form 7, 7M and 11 Schools 128,689

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (By year of Birth)	No. of Pupils Inspected	Physical condition of pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	881	881	100·0	—	—	4	148	131
1957	6,233	6,198	99·4	35	0·6	128	1,124	1,075
1956	8,396	8,348	99·4	48	0·6	190	1,602	1,526
1955	1,120	1,111	99·2	9	0·8	51	320	288
1954	654	651	99·5	3	0·5	60	306	262
1953	10,202	10,126	99·3	76	0·7	871	2,441	2,718
1952	566	560	98·9	6	1·1	92	344	315
1951	7,797	7,747	99·4	50	0·6	882	1,818	2,244
1950	3,691	3,658	99·1	33	0·9	477	980	1,199
1949	338	331	97·9	7	2·1	40	384	298
1948	8,010	7,948	99·2	62	0·8	1,219	1,523	2,330
1947 and earlier	4,713	4,676	99·2	37	0·8	776	882	1,439
TOTAL ...	52,601	52,235	99·3	366	0·7	4,790	11,872	13,825

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections... ...	21,402
Number of Re-inspections	43,359
TOTAL	64,761

TABLE C.—INFESTATION WITH VERMIN

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	512,640
(*b*) Total number of individual pupils found to be infested...	14,790
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	3,703
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	116

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections			
			Entrants (3)	Leavers (4)	Others (5)	Total (6)
4	Skin	(T)	91	125	193	409
		(O)	125	177	274	576
5	Eyes—					
	(*a*) Vision	(T)	373	1,995	2,422	4,790
		(O)	613	776	1,765	3,154
	(*b*) Squint	(T)	758	485	1,272	2,515
		(O)	218	102	261	581
	(*c*) Other	(T)	37	22	49	108
		(O)	27	18	65	110
6	Ears—					
	(*a*) Hearing ...	(T)	150	75	344	569
		(O)	138	139	431	708
	(*b*) Otitis Media ...	(T)	159	102	168	429
		(O)	309	182	383	874
	(*c*) Other	(T)	24	7	29	60
		(O)	45	49	63	157
7	Nose and Throat ...	(T)	547	151	495	1,193
		(O)	762	396	1,256	2,414
8	Speech	(T)	163	50	228	441
		(O)	502	96	287	885
9	Lymphatic Glands ...	(T)	7	3	17	27
		(O)	226	44	241	511
10	Heart...	(T)	53	44	96	193
		(O)	469	235	551	1,255
11	Lungs	(T)	163	137	269	569
		(O)	329	245	594	1,168
12	Developmental—					
	(*a*) Hernia... ...	(T)	33	–	26	59
		(O)	67	23	72	162
	(*b*) Other	(T)	25	17	49	91
		(O)	55	100	98	253
13	Orthopaedic—					
	(*a*) Posture ...	(T)	19	14	34	67
		(O)	15	77	94	186
	(*b*) Feet	(T)	329	174	414	917
		(O)	312	225	403	940
	(*c*) Other	(T)	237	114	227	578
		(O)	249	99	226	574

TABLE A.—PERIODIC INSPECTIONS—continued.

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections			
			Entrants (3)	Leavers (4)	Others (5)	Total (6)
14	Nervous System—					
	(*a*) Epilepsy ...	(T)	35	34	73	142
		(O)	17	37	52	106
	(*b*) Other	(T)	48	54	101	203
		(O)	57	90	174	321
15	Psychological—					
	(*a*) Development ...	(T)	92	588	1,611	2,291
		(O)	133	176	553	862
	(*b*) Stability ...	(T)	27	48	99	174
		(O)	108	110	208	426
16	Abdomen	(T)	124	64	237	425
		(O)	475	191	558	1,224
17	Other...	(T)	71	97	238	406
		(O)	266	310	599	1,175

TABLE B.—DEFECTS FOUND AT SPECIAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	2,328	52
5	Eyes—		
	(*a*) Vision	721	366
	(*b*) Squint	258	102
	(*c*) Other	1,228	18
6	Ears—		
	(*a*) Hearing	86	101
	(*b*) Otitis Media	47	74
	(*c*) Other	707	27
7	Nose and Throat	170	217
8	Speech	128	127
9	Lymphatic Glands	4	24
10	Heart	27	100
11	Lungs	40	109
12	Developmental—		
	(*a*) Hernia	7	3
	(*b*) Other	8	17
13	Orthopaedic—		
	(*a*) Posture	7	12
	(*b*) Feet	74	56
	(*c*) Other	61	46
14	Nervous System—		
	(*a*) Epilepsy	24	6
	(*b*) Other	42	65
15	Psychological—		
	(*a*) Development	520	224
	(*b*) Stability	62	81
16	Abdomen	19	17
17	Other	11,824	317

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	1,220
Errors of refraction (including squint)	7,973
TOTAL ...	9,193
Number of pupils for whom spectacles were prescribed ...	4,777

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received Operative Treatment—	
(*a*) for diseases of the ear	88
(*b*) for adenoids and chronic tonsillitis	253
(*c*) for other nose and throat conditions	64
Received other forms of treatment	783
TOTAL ...	1,188
Total number of pupils in schools who are known to have been provided with hearing aids	
(*a*) in 1962	18
(*b*) in previous years	232

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments ...	1,580
(*b*) Pupils treated at school for postural defects	—
TOTAL ...	1,580

TABLE D.—DISEASES OF THE SKIN.
(Excluding uncleanliness, for which see Table C of Part I.)

	Number of cases known to have been treated
Ringworm—	
(*a*) Scalp	1
(*b*) Body	4
Scabies	119
Impetigo	425
Other skin diseases	1,741
TOTAL ...	2,290

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	1,600

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists	460

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	11,632
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	896
c) Pupils who received B.C.G. vaccination	7,234
(*d*) Other than (*a*), (*b*) and (*c*) above.	
Hearts	111
TOTAL (*a*)—(*d*) ...	19,873

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR.

I. Dental and Orthodontic work.

(1)	Number of pupils inspected by the Authority's Dental Officers:—			
	(*a*) At Periodic Inspections	101,089		
	(*b*) As Specials	4,417	TOTAL (1) ...	105,506
(2)	Number found to require treatment			74,156
(3)	Number offered treatment			56,821
(4)	Number actually treated			23,422

II. Dental work (other than Orthontics)

(1)	Number of attendances made by pupils for treatment, excluding those recorded at III (*a*) below.			36,769
(2)	Half days devoted to:			
	(*a*) Periodic (School) Inspection ...	755		
	(*b*) Treatment	4,456	TOTAL (2) ...	5,211
(3)	Fillings:			
	(*a*) Permanent Teeth	21,734		
	(*b*) Temporary Teeth	1,683	TOTAL (3) ...	23,417
(4)	Number of Teeth filled:			
	(*a*) Permanent Teeth	19,145		
	(*b*) Temporary Teeth	1,510	TOTAL (4) ...	20,655
(5)	Extractions:			
	(*a*) Permanent Teeth	5,034		
	(*b*) Temporary Teeth	13,591	TOTAL (5) ...	18,625
(6)	Administration of general anaesthetics for extraction			9,187
(7)	Number of pupils supplied with artificial teeth			251
(8)	Other operations:			
	(*a*) Permanent teeth	4,652		
	(*b*) Temporary teeth	—	TOTAL (8) ...	4,652

III. Orthodontics

(*a*)	Number of attendances made by pupils for Orthodontic treatment	2,588
(*b*)	Cases commenced during the year	867
(*c*)	Cases brought forward from the previous year...	324
(*d*)	Cases completed during the year	677
(*e*)	Cases discontinued during the year	72
(*f*)	Number of pupils treated by means of appliances	392
(*g*)	Number of removable appliances fitted	352
(*h*)	Number of fixed appliances fitted	40

Appendix B.

LIVERPOOL EDUCATION COMMITTEE.

LIST OF SCHOOL CLINICS SHOWING THE TREATMENT CARRIED OUT INDICATED THUS—×

	Minor Ailments	Dental	Defective Vision	Ear, Nose and Throat	Orthopaedic	Paediatric	Speech	Child Guidance	Remedial Teaching
Balfour	×								
Belle Vale		×							
Burlington Street		×							
Carnegie, Arrad Street		×							×
Central						×			
St. Anne's School, Christian Street							×		×
Clifton Street, Garston	×	×	×	×	×		×		×
Crown Street				×					
Croxteth		×							
Dingle House					×				
Dovecot		×	×	×			×		×
Everton Road	×	×	×	×	×				
Falkner Square (Child Guidance Centre)								×	×
Fazakerley		×							×
Greenbank					×				
Harper Street	×		×						
Mill Road (Everton)		×							
Norris Green	×	×	×	×			×	×	×
North Corporation	×		×	×					
Northumberland Street		×							
North Way		×							
Old Swan	×								
Sandfield Park					×				
Speke	×	×	×	×					×
Sugnall Street	×	×		×		×			
Toxteth	×	×	×	×			×	×	
15/17, Upper Parliament Street		×							
Walton		×	×		×		×		×
264, Westminster Road		×							
Westminster Road Congregational Church Hall	×								
TOTAL	11	18	9	9	6	2	6	3	